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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

The Los Angeles Journal of Eclectic Medicine

and

The California Medical Journal

1921

O. C. WELBOURN, A.M,, M.D.

Issued Monthly
Price, $1.50 per Year
Foreign, $1.60
Single Numbers, 15c

Editorial Office
819 Security Building
Cor. Fifth and Spring
Los Angeles, Cal.

COPIES OF THIS BOOK
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The California Eclectic Medical Journal

Vol. XLII JANUARY, 1920 No. 1

:: Original Contributions ::

DON'T WRECK THE RECTUM

Albert J. Atkins, M. D., San Francisco, Cal.

In my years of experience, I have seen many of these wrecks, for much butchery is done upon this abused organ, which in itself will respond to kind and gentle treatment.

I here recite some of the unusual cases that have come under my observation during the past year.

Case No. 1.—Obstipation: A girl of eight years, perfectly healthy, ate heartily, all organs seemed normal, yet upon examining the rectum, I found the anus no larger than a pencil and the patient suffering from obstipation, as more than fifteen pounds of faeces loaded the colon and intestinal tract. There was a slight, constant leakage, which caused the child much discomfort, as she was excluded from school and forced to wear a napkin constantly, much to her chagrin.

This condition I endeavored to relieve by digital dilitation and with many enemas, which partially succeeded, and the child was much better, all the swelling of the abdomen subsided, the leakage stopped and the bowels moved naturally. But, as the obstipation would re-occur every few months, dilitation was not heroic enough to make a permanent cure, so without a promise of success, I gave a general anaesthetic. With a bi-valve speculum I divulged the sphincter muscle one and a half inches; then I cut the anterior and posterior flap of the muscle in a V-shape and broke up all the adhesions. After two days the patient left the hospital and the result has been complete and perfectly satisfactory. I never saw or read of a previous case of this kind.

Case No. 2.—Fistula: A man of fifty years, and the case had been operated on twenty years ago, the scar tissue show-

ing numerous sinuses had been dissected, still the patient had fair control of sphincter action.

When I first observed the case, I promised the man nothing, yet I discovered on the left leg, about ten inches from the seat of the fistula, a discharging abscess. This I opened, curetted and gave surgical drainage. Later I found a sinus leading from the abscess to the posterior culdesac of the rectum and around the coccyx. I further found the patient with internal hemorrhoids, which I removed under local anaesthesia, and this gave relief. By washing the long sinus leading from the left leg to the various parts and giving surgical drainage, the sinuses gradually almost ceased to discharge.

At this point I began to use the Bismuth Paste treatment, which in this case showed marked benefit, but the case, of course, was not an entire cure on account of the vast area involved.

I realized from the start the inadvisability of a heroic operation under anaesthesia, as my whole object was to relieve and give comfort to a badly afflicted human being.

Case No. 3.—Prolapsus: A young woman of thirty years with a case of complete prolapsus of the gut for ten inches, with vaginal prolapsus in connection with it.

General anaesthesia and operation, assisted by a gynecologist. We did Perineorraphy and repaired the levator ani muscles, stitching them to the walls of the posterior region, then dissecting an upper portion of the anterior sphincter, removed a V-shaped portion thereof, bringing the parts into juxta position, sewing together, we succeeded in making the anus normal size.

We carefully strapped the patient to keep the parts in position and from breaking stitches, moved the bowels every day with low enema, and in two weeks the patient was discharged entirely cured, much to the pleasure of the lady and to the surprise of the physicians.

Case No. 4.—Fissure: One of the most common and painful of all rectal diseases is fissure of the anus. When it involves the upper border of the sphincter muscle, my experience has taught me that the most practical method to secure a permanent result is to give a general anaesthetic. First divulge the muscle with one finger of a gloved hand, then two fingers, three fingers, and finally with a bi-valve speculum divulge to the full capacity of the anus, curetting the serated edges of the fissure, which is often ulcerated, applying 3% iodine. I leave no packing in whatever, unless there is

profuse hemorrhage, using the usual binder and gauze pad. Two days is the usual time for a patient to remain in the hospital with a fissure.

Another most practical fact is to use low boric acid enemas about one pint, to move the bowels daily, after all rectal operations.

IMPRESSIONS OF PHOENIX AND THE SALT RIVER VALLEY

J. A. Munk, M. D., Los Angeles, Cal.

I made my thirty-sixth annual trip to Arizona recently, going direct to Phoenix, in the Salt River Valley, where my good friends, Colonel and Mrs. J. H. McClintock, took me in hand and gave me a most enjoyable week of delightful entertainment. The Colonel is a good scout and guide, and he took me to a number of interesting places that I never had seen before, but was glad to visit.

He has lived in Arizona forty-one years, during which time he has been the local correspondent of the Los Angeles Times and of other newspapers, and is entirely familiar with the country and its history. He is a frequent contributor to the magazines and has written many books. He was captain of a company in Theodore Roosevelt's regiment of Rough Riders in the Spanish War, and was seriously wounded in the battle of Las Guasimas in Cuba, from which he has not yet fully recovered.

In 1916, Colonel McClintock published a large three-volume history of Arizona, which is generally recognized as the most complete history of the State that has been printed. He is now the State Historian, and has nearly ready for the press three books, entitled "The Mormon Settlements of the Southwest," "Arizona Nomenclature," and "A Popular History of Arizona."

Such a history is needed to teach the children what a rich heritage is theirs. Arizona history dates back to the Narvaez Expedition, of which Cabeza de Vaca was a member, when it landed on the Florida Coast, and from that time on until now the story has steadily increased in interest. It seems a far cry from Arizona, but it is the real origin of its history and the beginning of our literature. Arizona's lamp of knowledge cannot be hid under a bushel, and the Colonel is helping its light to shine more brightly.

I visited the Cactus farm of the late Dr. R. E. Kunze, that

is now occupied by his nephew, to get some books that the Doctor had donated to my Arizona library, prior to his death. Several years ago he contributed copies of his writings to the library in the Southwest Museum in Los Angeles, that are listed in a separate division of Kunziana in the Arizona Bibliography. These books relate to Dr. Kunze's activities as an Eclectic physician, developer of Cactus therapy, botanist and entomologist, on which subjects he was an enthusiast and an original investigator.

Phoenix has much of the enterprising spirit of Los Angeles and its business men are a bunch of live wires. I had the pleasure of meeting many of them at a Rotarian luncheon, when it was readily apparent that they were all wide-awake men. The principal subject discussed was a bond issue to provide funds for making various city improvements, and, notwithstanding the high cost of living, the proposal was indorsed unanimously. The city has the appearance of prosperity and everybody seems to be boosting for its growth and greatness.

Like Los Angeles, Phoenix is growing rapidly and developing metropolitan proportions. The two cities are similar in many respect, yet different. Each city has a fine climate and an adequate supply of water for every need. These two essentials are of vital importance in the building of any city. Los Angeles has its incomparable water system in the Owens River Aqueduct and Phoenix has its great Roosevelt Dam. These works guarantee their respective localities sufficient water for domestic purposes for all time. In good roads Los Angeles has the lead, but not for long, as Phoenix is rapidly forging ahead, and when all of her paved streets are finished she can show attractions equal to the best.

The winter climate of Phoenix beats that of Los Angeles. It gives a comfortable feeling to leave the fogs and cold, damp atmosphere of the coast for the warm, dry air of the desert. Both climates are equally good of their kind, but, like eating sugar as a regular diet, they grow stale and distasteful by long continued use.

There is a law of Nature that calls for a change occasionally in man's environment, in order to break the monotony of sameness. This act is easily accomplished here by merely changing back and forth from one to the other of the two best climates on earth, the Phoenix climate in winter and the Los Angeles climate in summer. This combination of climates cannot be excelled, as by such an exchange perfect comfort can be experienced throughout the year. By this arrangement

you catch happiness "gwine and comin'," as the darkies say, and it is of a quality that will bear repeating. Wealthy people from the frozen north and east, who are seeking comfort and are not afraid to spend their money for what they want, will continue to gather here in ever increasing numbers, to enjoy the warm sunshine of our cloudless days, and to absorb invigorating ozone from the dry, desert air.

One very important factor of Phoenix's future greatness is its fortunate location in the Salt River Valley. It is unquestionably the finest valley in the Southwest, and perhaps in the whole world. It is an empire in itself, and is as rich as Croesus in its resources. In its primitive state and without water it was a parched desert, but with water applied to its fertile soil it has become a paradise. Judged by what is now in evidence, you would never think that this spot had ever been a barren waste. The difference in appearance between the outside desert and the inside arable land is strikingly noticeable. As you approach the line of demarkation from the desert side, the barrenness suddenly ceases and visions of beauty appear in streams of running water amidst fields of living green, orchards bearing choice fruits and gardens filled with beautiful flowers. Stately cottonwood trees grow upon the banks of the irrigating canals and rows of shapely native ash trees line the highways and cast their grateful shade. Contrary to the prevailing impression that the Southwest has no autumn foliage, I was agreeably surprised to find many of the trees clothed in a gorgeous array of bright colors, which gives the landscape much the appearance of an eastern forest in the fall.

Generally speaking, the valley is in a prosperous condition. Field crops of all kinds have yielded an abundant harvest. Every variety of fruit, including oranges, lemons and dates, grow to perfection, and there is no scarcity of vegetables. Live stock abounds and the pastures and feed lots are full of fat cattle, horses, sheep and hogs. The three leading industries are cotton, alfalfa and cattle. It is a land of plenty flowing with milk and honey.

Wild cotton is indigenous to Arizona and has been used by the natives for making cloth from time immemorial. A few years ago the experiment was made of growing the long staple Egyptian, which proved to be a great success. Every year since the acreage has been increased, until this year it has reached the enormous amount of 186,000 acres, or nearly half of the acreage of the entire valley. The cotton crop has

been increasingly profitable from year to year, but this season the large harvest met a falling market, which forced the growers to store much of their cotton and hold for a better price. This experience will doubtless teach the farmers the important lesson of practicing diversified farming as of old, and not to invest all of their resources in a single crop.

One afternoon I attended a meeting of women's clubs with Colonel and Mrs. McClintock, at the Washington district school house, which was of the greatest interest. A variety of subjects were intelligently discussed by the ladies, and Colonel McClintock delivered an able address on the early history of Arizona. After the meeting some time was spent in getting acquainted and in social converse that was enjoyed by everybody.

The Arizona Republican is the leading newspaper and is ably conducted. It has just moved into new quarters in the recently completed Dwight B. Heard Building, where it has ample room. Being devoted to maintaining Republican doctrines, it is only natural that its managers should feel pleased with the results of the last election.

SPECIFIC MEDICINE PODOPHYLLUM

H. Ford Scudder, M. D., Los Angeles.

Specific Indications. "Full face, full, oppressed pulse, full tongue, with yellowish coating and dizziness."

The direct indication for Podophyllum is **fullness of the tissues.** It is called for in inactivity of the gastro-intestinal tract with thick, full tongue, heavy, yellowish coating at base, dull, heavy headache, dizziness, full sluggish circulation. In torpor of the liver and various functional disturbances of that organ, it may be used with advantage, as it increases the activity of the liver and upper part of the intestinal tract. It has a beneficial effect on the ductless glands, and favors blood making. Try it for deep seated pain in the right epigastric region, dullness and fullness in the region of the liver, dizziness, nausea and vomiting of bilious material, with alternate diarrhoea and constipation.

In small doses, Podophyllum acts as a gastro-intestinal stimulant and alterative. In larger doses, it is a slow, but certain cathartic. **Podophyllum is contra-indicated when there is irritation of the intestinal tract.**

Specific Medicine Podophyllum is an excellent remedy in all atonic forms of indigestion, and in gastric and intestinal

catarrhal conditions, in biliousness with inactivity of the liver, skin and conjunctiva yellow or sallow, urine scanty and highly colored, constipation, with hard, dry stools of grayish or yellow color. In chronic constipation, with these indications, and in hemorrhoidal conditions due to a sluggish portal circulation and deficient peristalsis, Podophyllum is a valuable remedy. Used in small doses combined with other alteratives or with the bitter tonics, it is highly recommended in dry, cracked conditions of the skin in children, in some forms of eczema, persistent pustular conditions, scrofula and old syphilitic lesions.

One of the most valuable uses of Specific Medicine Podophyllum is in the removal of biliary concretions or gall stones. Here it is to be given in large doses until it begins to operate, then followed immediately by about six ounces of olive oil.

The preparation used by us is invariably the Specific Medicine Podophyllum, given in doses of a fraction of a drop to five drops, in a little water, every hour for a day, then three or four times daily.

SPECIFIC MEDICINE COLLINSONIA

H. Ford Scudder, M. D.

Specific Indications. "Sense of constriction, with irritation in throat, larynx or anus."

Specific Medicine Collinsonia is especially helpful in relieving irritation of the mucous surfaces, especially of the intestinal tract and pelvic viscera, and in correcting conditions due to relaxed venous tissues, resulting in congestion. It is a valuable agent in atonic dyspepsia, especially when constipation is present, and in catarrhal gastritis with defective circulation.

In Rectal Disorders. In bowel affections, Specific Medicine Collinsonia has a soothing effect, with a tendency to heal and tone up the intestinal mucous surfaces; hence it is invaluable in many cases of diarrhoea and dysentery. It is a specific for hemorrhoids in the early stage, and is of much value in the advanced stages. It is indicated by a sense of constriction in the rectum, as if a foreign body were lodged there, with a feeling of fullness, heat and weight in the parts. For the hemorrhoidal conditions often present in pregnancy, prolapsus uteri or dysmenorrhea, try this remedy, which is useful also in all relaxed conditions of the mucous membranes of the lower bowel, especially in constipation with hemorrhoidal tendency,

due to vascular engorgement of the pelvic viscera. Collinsonia should be employed for spasms of the sphincter ani, for prolapsus ani, for inflammation of the mucous membrane of the rectum, and for correcting reflex disorders arising from various forms of rectal irritation. For hemorrhoids and rectal disorders, small doses should be employed.

℞ Specific Medicine Collinsonia, gtt. v to xv; Water ℥iv. M. Sig. A teaspoonful of the mixture four or five times daily.

For Catarrhal Conditions. In chronic catarrhal conditions of the mucous membranes of the pharynx, naso-pharynx and larynx, Specific Medicine Collinsonia is one of our best remedies. Chronic laryngitis, pharyngitis and some forms of chronic bronchitis are quickly benefited by its use. Here we have a relaxed condition of the mucous membranes, which are dark red in color, with enfeebled capillary circulation, irritation and a sense of constriction. Congestion or hyperemia of the vocal organs, loss of voice, irritable cough, sense of constriction, yield rapidly to the use of Collinsonia, which is **the** remedy for "minister's sore throat," or a like condition of the larynx and vocal chords in public speakers or singers, resulting from excessive use of the voice. For all throat affections it should be employed in large doses. ℞ Specific Medicine Collinsonia oz. 1, Simple Syrup oz. 2. M. Sig. A teaspoonful four times daily.

In Cardiac Affections. Along other lines, Specific Medicine Collinsonia is a useful remedy. It possesses a direct and permanent tonic effect upon the heart, and should be used in cases of debilitated heart from long-continued disease, and in irritation of the heart from protracted rheumatic disorders. In rheumatic carditis and chronic inflammation of the pericardium, Specific Medicine Collinsonia is efficient. It acts as a tonic to the entire urinary tract, considerably increasing the secretion of the kidneys, and it should not be overlooked in all catarrhal affections of the kidneys, bladder, and the entire genito-urinary organs.

INFLUENZA AND TUBERCULOSIS

Amberson and Burns supplement a previous communication on epidemic influenza among patients and employees of the Loomis Sanatorium, Loomis, New York, with a further analysis of the histories of patients who had influenza before entering the sanatorium and a record of the incidence and fatality of this disease among former patients. They also give a critical review of recent literature on the subject.

Of 1227 traced former patients, 70 contracted influenza and 16 (22.9 per cent.) died of the disease. Of 199 new patients admitted between November 1, 1918, and November 1, 1919, 42 or 21.1 per cent. gave a definite history of influenza. Of these 42, 18 knew they had tubercuolsis prior to their influenza, while 26 gave a history of previous symptoms that were presumably tuberculous. In 12 cases the onset of tuberculosis was definitely post-influenzal.

The authors conclude that tuberculosis does not confer an immunity to influenza, that influenza is not less severe among the tuberculous, that among their own patients the case fatality was higher than among the general population, that among a certain number of individuals influenza marks the inception of pulmonary tuberculosis, and that to ignore or deny the possibility of pulmonary tuberculosis as a sequela is to unduly defer diagnosis and early treatment.

Amberson, J. Burns, Jr., and Peters, Andrew, Jr.; Influenza and Tuberculosis. A supplementary Report and Critical Review. American Review of Tuberculosis, April, 1920, vol. IV, No. 2.

SODIUM GYNOCARDATE "A" IN THE TREATMENT OF PULMONARY TUBERCULOSIS

Sodium gynocardate "A" is a salt of chaulmoogra oil. It has recently been suggested as a possible remedy for tuberculosis. M. Biesenthal of Chicago has recently employed it in treating ten patients at the County Hospital and the Chicago Winfield Sanatorium. Not a single patient showed any improvement of signs or symptoms and there were no sputum changes from positive to negative. In two cases acute reactions followed the injections.

Biesenthal, Max: The Use of Sodium Gynocardate "A" in Pulmonary Tuberculosis. American Review of Tuberculosis, April, 1920, vol. IV, No. 2.

SURGICAL HINTS

PELVIC ABSCESSES—Free drainage of pelvic abscesses, says S. P. Cunningham, is an essential factor. The vaginal drain is favored on account of gravity, but where the abscess is large it is safer to drain both above and below, to lessen the risk of infecting the abdominal incision ,should the vaginal drain become plugged.

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The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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MALFORMATIONS

Malformations are congenital though they may not become manifest until the possessor is nearing physical maturity; and sometimes they are not suspected until the autopsy reveals the real cause of the many obscure symptoms. Should the malformation be external and result in deformity it is, of course, obvious even to the laity; but many times it is internal and it requires a very careful application of considerable knowledge of anatomy and physiology before the true conditions can be determined. In the study of such patients it is necessary to have in mind a clear picture of a person of like sex, age, and condition, and compare the two very minutely and with much detail. At the same time it must not be forgotten that a clear perspecive of the entire matter is of final importance. No study of such a patient can be considered complete until a thorough examination with the X-Ray has been made. By this means many conditions can be instantly visualized, which by any other means would be seen "through a glass darkly," if at all. For example, a large percentage of the patients with chronic digestive troubles have deficient support to or more of the abdominal viscera, a disordered function results and a true

pathology follows. Such patintse ar but little benefited by medicine or diet and they drift from one doctor to another until they find some one who will devote the necessary time to make an accurate diagnosis. Not infrequently they turn to Christian Science and are taught to forget their troubles. How much better it would be to determine the exact conditions in chronic cases before beginnuing any sort of treatment. We are not attempting to exalt the province of diagnosis, but we do believe that the treatment of a chronic case should not be undertaken until the doctor has an accurate conception of the physical abnormalities which he hopes to correct.

AN UNFAILING PROCEDURE FOR DIAGNOSING OR EXCLUDING THE EXISTENCE OF ECTOPIC GESTATION

By Samuel W. Bandler

Adjunct Professor of Gynecology, New York Post-Graduate Medical School and Hospital
New York

Ectopic gestation in the early stages, and even in the later stages, unless there be a hematocele of considerable size, or unless there be a marked internal hemorrhage, is often difficult to diagnose. The tube may not be very large, it may be displaced, or it may be imbedded in a small amount of blood. Its size and consistency may not be sufficiently characteristic to justify, from bimanual touch alone, the existence of a pregnancy in the tube. Accumulation of fluid in the tube, small ovarian cysts, tubo-ovarian cysts of small size, or of larger size, may be associated with pain, uterine bleeding and spotting, and the other symptoms which stimulate the supposedly characteristic signs of a tubal pregnancy. To make a differential diagnosis from early abortion is most frequently demanded of us.

These cases may be kept under observation for many days without a definite conclusion being reached. Cases may be dismissed from observation, or curetted because of diagnosis of uterine abortion or other uterine disease, and may subsequently come nigh death's door from tubal rupture or tubal abortion.

A small hematocele may simulate a tubal or tubo-ovarian inflammatory condition or ovarian tumor, only to have the constitutional symptoms of severe internal hemorrhage make the correct diagnosis. Hematocele, by infection or by other

changes, may lead to operation and thus to late recognition of the real condition.

It is possible, too, that many cases are not recognized as ectopic gestation and, not going on to tubal abortion or tubal rupture or to the formation of a hematocele, go on unrecognized with subsequent formation of an hemato-salpinx, or possibly may go on to complete resorption.

It is important to make a definite differential diagnosis between tubal gestation and other conditions. It not infrequently happens that a case may be under observation for days or even weeks, it may be examined under anesthesia, it may be curetted, and yet the existence of a tubal gestation may not be definitely determined. When the tubal condition, with or without a peri-tubal hematoma, does produce a tangible tumor it often furnishes sufficient indication to the surgeon for the performance of an abdominal operation on the principle that something being wrong it is just as well to remove it.

It is not a pleasant thing to send a patient home from the hospital after an observation of ten days (having had ectopic gestion in mind), and then to have that same patient return in a week or two, almost dead of a severe and constant internal hemorrhage. Cases are known where ectopic gestation was diagnosed as a tubal inflammation, and yet that case went on producing an actual or pseudo-abdominal gestation.

Now, in doubtful cases errors may be avoided and days and weeks of observation may be spared and a sure, definite diagnosis of the condition of the tubes and the uterus may be obtained by the simple procedure of a posterior or anterior colpo-celiotomy, preferably the latter. The uterus is examined with the sound, it may be curetted; the amount and character of the scrapings may be noted; examination of the adnexa may be made under the most favorable opportunity by delicate bimanual touch, and then the peritoneum is exposed or the peritoneal cavity is entered, preferably by the anterior vaginal route, and in this way the uterus, tubes and ovaries are brought into view. The diagnosis is made, and if ectopic gestation is found the operation may be completed by the vaginal path. And if, for any reason, because of technical difficulties, or lack of skill on the part of the operator, or because there is active bleeding going on, the operation is not to be completed vaginally, the vaginal incision is closed and the operation is completed by the abdominal path.

It takes at most three to five minutes to reach and enter the peritoneal cavity per vaginam, and in a large number of instances, if one is doing the operation simply for diagnosis

and wishes to complete it abdominally, the procedure takes even less time, for it is not always necessary to open the peritoneum. In the vast majority of instances, save in a few extremely early cases, as soon as the bladder is separated and the vesico-uterine fold of the peritoneum is exposed one gets the dark blue shimmer, typifying the presence of ectopic gestation, the same discoloration that one finds in an abdominal operation when there is a large amount of fresh or collected blood in the peritoneal cavity.

Since the first of last October, in thirteen cases of ectopic gestation, I have made use of this procedure five times. In each case the bluish discoloration before opening the peritoneum, i. e., in the vesico-uterine fold, was typical. As stated before, this symptom alone is sufficient to justify the diagnosis of ectopic gestation with smaller or larger amounts of blood in the peritoneal cavity.

There are two methods of incision; one is the transverse, with a blunt dissection of the bladder from the anterior wall of the cervix, after which a narrow retractor is introduced underneath the bladder and the vesico-uterine fold of peritoneum comes into view. This method is quite sufficient in women who have had one or more children, for in such cases the uterus is fairly large and the cervix wide, the mucosa is thick and quite an extensive area of the vesico-uterine fold of peritoneum can be brought into view. In women who have had no children, the cervix, with few exceptions, is narrow, the vaginal mucosa is thin, the separation of the bladder from the anterior wall of the cervix and uterus is not so easy, and the retractor introduced underneath the bladder exposes the vesico-uterine fold of peritoneum less distinctly and to a lesser extent than in the multipara. In these cases, and of course also in some of the multiparous cases, a longitudinal incision is added to the transverse; the bladder is separated from the anterior wall of the vagina as well as from the anterior wall of the cervix and uterus, and in this fashion in practically every case the vesico-uterine fold of peritoneum is readily exposed.

The value of this anterior incision lies in the fact that we are enabled, when desired, to open the peritoneum, to enter the peritoneal cavity, to make a digital intraperitoneal examination, to bring the uterus and adnexa into the vagina and to perform the operation at the same time if all conditions are favorable. By favorable conditions we mean the absence of rapid fresh bleeding. When only dark, thick, clotted blood or clots are present, there is little difficulty in bringing the uterus into the vagina and exposing the tube by digital touch. The

size of the tube is ascertained, and adhesions of the tube to the hematocele or to surrounding structures are readily loosened, and in that manner the tube is readily brought into view. If the size of the tube is great, if the tube is quite long, if the mesosalpinx is very friable, attempts at vaginal removal must not be carried further. At any rate the whole procedure, up to the point of determining whether the vaginal operation is feasible, takes at the most five to eight minutes. As stated before, if the anterior or vesico-uterine cul-de-sac is simply exposed or if a slight opening is made in it, for diagnostic purposes, the whole procedure takes less than three to five minutes.—(Archives of Diagnosis.)

MELANCHOLIA

Bishop McMillen, M. D., Shepard, O.

Melancholia is the depressed form of insanity. It is one of the three great classifications. The patients are usually able to be up, dressed, and about the house and grounds. Often they do some work, and are fully conscious of what is going on, but many are so absorbed with their thoughts that they will not speak nor answer to indicate that they are aware of what is passing on about them.

Authors have written large text-books on melancholia, giving full descriptions of the many sub-classifications of the various forms, but I must be brief and leave details to them. I will only consider a few practical points of interest to you. Ill health, shock, emotional disturbance, deranged digestion, all of which are followed by enfeebled nutrition, are a few of the common causes of melancholia. The vital forces are always lowered. The brain cells are most always normal in the beginning, but if nutrition of the brain is defective for a long while, microscopic degeneration may follow in a few months and prevent complete recovery. Every effort in treatment should be to return the patient to the normal in looks, in thoughts, in words, in acts, and to hasten normal functions and habits in all ways. Every physical and mental function is lowered, slowed down and depressed. Respiration is never full, the patient sits leaning forward in a cramped position, and as a result the blood only receives a partial supply of oxygen; for that reason I have a spirometer used to increase the action of the thoracic muscles. Calisthenics also aids oxygenation of the blood, but it often takes much effort to urge many melancholic patients to make and keep up sufficient effort to bring results. This

loss of energy is a cause of much sorrow to the patient and annoyance to the nurse.

If I were asked to diagnose melancholia by asking one single question, that question would be, "Does the patient accomplish the usual amount of work, and do it as well, and in the usual length of time, physical health and surroundings being considered?" It will be found that the work is always below the normal. If to the above, sleep is disturbed, and there is an ache in the back of the neck, and there is a fixed depressed facial expression, absence of smile, lack of attention, all these continued for several days, it is then evident that the patient has a case of simple melancholia.

Delusions and hallucinations are often met with in melancholia. Illusions are not so common as they are in mania. "All insane patients do not have delusions, but all persons who have delusions are insane." "A delusion is a false belief, something a patient believes for a more or less extended period of time, which is neither sustained by reason or investigation, but from which no argument will convince." Melancholics do not always have delusions, but when they do exist they are of a depressed character. There are several forms, and may be on any subject of thought. Delusions of persecution are very common. The person thinks he is getting the worst of it in every way, and may accuse any one, and often his best friend, of mistreating him. Delusions of self-persecution are directly the opposite; here the patient is always the wrong-doer. With these two central ideas as a foundation in melancholia many delusions may be developed. In the one the patient is wronged by some one; in the other the patient has done wrong. These may be rephrased and changed into many stories that a patient may repeat for months or years. Often hallucinations of sight or hearing are the source from which the delusion has its beginning, and it may be hard to determine between them. But if we will remember that hallucinations are of the special senses, while delusions only have to do with thoughts alone, a diagnosis can easily be made.

There often are delusions of a single thought, but as time passes they grow to include many ideas. These ideas become all-absorbing and fill the mind, crowding out normal thought until the subject is paramount and the patient cannot turn the thoughts to other things and hold the mind to it. If reading, the paper is dropped and the deluded idea holds sway, the emotions are all depressed, self-control is lost, will power is weakened, work ceases, interest is lost in everything natural. Digestion is deranged because of the depression of the mind.

nutrition is always below normal, and anemia always results after a few weeks' time. In this condition the patient soon loses hope and abandons effort, and sits helpless, and often cannot be urged to throw off the unnatural state and help to recover the normal. Attempts at self-destruction are sometimes considered by the patient. At this stage the physician is called in, and it often takes weeks and months to re-establish normal functional activity, and there must be constant watchful care.

It is a common error for the friends to use deception, and to agree with the patient as to the truth of the delusion. It is always best to try to correct the error. Tell them the truth about everything, just as if they were sane, and help sustain and lead the mind back into normal channels of thought. Tell them their mind is wrong at once, and thereby retain their confidence and good will. Never whisper in their presence; tell them everything. They are as able to detect deception as they ever were, and if deceived lose confidence in those they have always trusted.

The treatment with drugs and other measures is but a part. Well-directed discipline and positive talks are essential to recovery. For this reason the patient should be placed with specially trained physicians and nurses, who know and can anticipate the changes that are most liable to develop. There are many tricks that patients do that can be prevented if the attendant is capable of detecting before a habit is formed. For these reasons sanitariums are the best places for acute cases. State hospitals often are the proper places, at public expense, when melancholia does not yield to treatment in the first six months, because of the financial drain. History shows but a very small per cent of recoveries in less than four months. The usual time of recovery in melancholia is four, six or nine months, although many cases recover after from one to two years, or a longer duration.

Treatment should consist of constant and careful watching, with firmness and all possible kindness, and an experienced attendant to prevent accident. Treatment at home is very trying on relatives and friends, and insane patients will impose on the sympathies of their family and grow irritable at their dictations. For this reason most all are removed from home and placed in a specially equipped institution. A specialist should be in consultation and see the patient often, if not actually in charge of the case. There are many details in the management to be met as well as in the proper medication.

Specific diagnosis and medication give as good results here

as in acute diseases of a purely physical character. Hypnotics are to be used, often in large doses when necessary to secure sleep. Over-medication should be carefully avoided. They should be special remedies, not regular, and not every night if they can be avoided. Sedatives, such as passiflora, hyoscyamus, asafetida, etc., are also to be considered as temporary remedies. Remedies that improve digestion, as pepsin, papain comp., hydrastis, etc., are usually needed to give a good appetite. Full feeding and good nerve tonics usually re-establish normal nutrition, and they boost the patient on the high road to mental restoration.—(National Quarterly.)

ARIZONA SURE TO BE DENSELY POPULATED, DECLARES DR. MUNK

Dr. A. J. Munk of Los Angeles has seen Arizona both before and after, from the bottom and the top, from the inside and outside, and the more he sees of it the more attractive it becomes to him. Though he has not claimed a residence here for nearly thirty years, he makes no fewer than four visits to the state every year, not so much for the purpose of looking after his extensive interests which he and his brother, Judge E. R. Monk, still retain, as to get another view of the beauties and the varied wonders of Arizona.

Dr. Munk (it will be observed that his brother persists in spelling it "Monk") arrived at Willcox in 1884 to engage in the cattle business which was then in the hands of a comparative few large cattle companies. There were then in that part of the territory the Chiricahua Cattle Company, th Hooker Company, the Eureka, the San Simon and the McKittrick interests.

Dr. Munk and two of his brothers settled on the south side of Railroad Pass in Cochise county. They adjudged from the appearance of the country, that is, from the verdure, that there must be water at no considerable depth, though there was none in sight. There were many dry springs, but at last they developed one at a depth of three feet and found a sufficient flow of water to be piped to the various parts of the range they then took up. Their holdings were later increased until now they have seven square miles, partly owned and partly leased, under fence. They have enough feed to sustain 1,000 cattle and their increase. In those days the whole region was open country.

In 1901, Dr. Munk became interested in northern Arizona. He was attracted there, not so much by the money-making opportunities offered as by the wonders of that region. By that time he was well under way of becoming the collector of

the greatest volume of literature on the subject of Arizona. He had begun in a small way, a few weeks after he came to the territory, to gather information from various sources for personal information. He continued, spurred by his ever-increasing interest in Arizona, and he has kept it up since until the collection now embraces 15,000 volumes, which he sometime ago presented the Southwest Museum at Los Angeles. In 195, he prepared a bibliography of Arizona which he believed embraced everything that had been written about it. But since then he has doubled the volume he then had included.

Among the latter acquisitions is "Reid's Tramp," describing the journey b ythe author in 850 from Selma, Ala., to San Francisco. There are only four known copies of this work for which Dr. Munk paid 25. The author was a first lieutenant in the force organized for the relief of the Crabb filibustering expedition into Sonora, and he was one of the few who escaped the massacre at Magdalena, by the forces under command of Governor Pesquiera.

More has been written about the Southwest, said Dr. Munk, than about any other part of the country. That has been because it was visited by white men earlier and because, also, of its greater interest than that of any other part of the country. It was well known to travelers and scholars long before the Pilgrim Fathers landed at Plymouth. There were marks of a civilization here, if not of culture. There had been an organized community such as there had been nowhere else in any territory now embraced by the United States. It mattered not that littl or nothing was known of tha organizaion; in fact, on that account it was the more interesting.

Arizona, said Dr. Monk the other day, is always new and strange; one never tires of its beauty or its grandeur. The more he sees of it the more he desires to see, and that is why he is attracted back her year after year.

But nothing, said the doctor, is more wonderful than the development o fthe Salt River Valley. It is such a garden spot as can be found no where else. There is not such another valley in the Southwest, and, he said, he doubted if there was such another in the world. It possesses everything that men should desire. Its climate beats that of California in the winter; it is warmer and dryer without any of that chill and fog which remind the visitor of the discomforts he had come west to escape. A visitor to the valley takes on new life. Nothing in the way of development seems impossible here, so that one naturally wonders what else can be done. It lacks only a good roads system to bring the people here and keep them here after they have come. More and more the people

of the north are seeking the southwest. Most of them have money and will cheerfully spend it if they are given an opportunity to get those comforts which they want. The Southwest, said the doctor, is destined to become the most densely populated part of the union.

In the early days there were but two industries, livestock and mining. The population was floating. Not one resident in ten expected to spend his days here. Now there is a different population. It is made up of people who have come to stay. The doctor was impressed by the character of it in the assembly he addressed at the Woman's Club the other day. Nothing he had seen appeared to him more wonderful than that change from the old days.

The history of Arizona, said Dr. Munk, should be taught in the schools.—The Arizona Republican.

DID WE FIGHT IN VAIN?

We have met the enemy and they are ours"— Are they? Autocracy, as fostered by the "Central Powers," was silenced but "a man convinced against his will is of the same opinion still." Yes, we fought and conquered, but why did we fight and did we fight in vain? Has the end for which we fought actually been accomplished?

Four million of America's best young men were assembled, armed, equipped, and trained. Two million went overseas—50,327 gave their lives, not for territory, not for loot. No, no. We proclaimed that what we wanted was to stop war. That was why our soldiers went to France, fought and died. "They fought," said our Secretary of War, "to put an end to war, and the men who lived in the trenches, under shell fire—who saw hig hexplosives and were bombarded from the clouds, want an end put to war."

In the face of the world's croaking and as a result of America's urging the League of Nations was formed and made a part of the Treaty of Peace.

It was formed by the legal representatives of the Allies in council, the only way it could be formed, and was made a part of the Treaty of Peace for the purpose of keeping the world in mind of our present purpose and future intention—**to prevent future wars.**

The proposal that we now go back on all this, desert and insult our Allies, and put ourselves outside their company and line up with Germany, Russia and Mexico is inconceivably base. It means our Honor and Honor to right minded men means more than life itself.

If we have no thought of Honor, have we no duty to these fifty thousand and more men who gave up their lives?

The League of Nations was planned by the combined counsel of the representatives of the nations lately under arms to avert future war and to bring to a quick conclusion any conflict that might break out.

A number of subsidized conscienceless newspapers have been most industriously printing editorials and cartoons in an effort to make it appear that the League of Nations would get America into war. It is the exact opposite of the truth, for the League of Nations is the concerted effort of the civilized nations of the world to stop war, and war can be stopped in no other way.

But by cunningly pounding away at this lie such papers eventually lead the ignorant to think it is the truth. For America to remai nout of this League would tend to perpetuate the old order which always has produced war and always will produce war. When we had no League we were drawn into a European wr, were we not? Suppose it should be necessary for a few of our soldiers to help do police duty—which is better? Do you want to live in a community carefully watched by police officers or one torn to shreds by a mob?

The consequences to ourselves and the world of the United States failing to enter the League can not be measured, but no one has more clearly prophesied the results than Secretary Baker:

"If we stay out of the League, which now exists, and it fails for want of our help, Europ will redivide into alliances seeking to establish a balance of power, and the next explosion there will scatter its fragments on our shores, just as this one did, and finally draw us in. O nthe other hand, if we go into the League we will help to erect a unanimous opinion of mankind on international questions, and no nation would be strong enough or foolhardy enough to embark in a war against the unanimous judgment of mankind."

As to our signing away our rights—that is ridiculous, perfectly silly and reminds one of nothing so much as the spoiled and pampered child who pouts and "won't play" because some other child is recognized as being present, too.

Thirty-nine nations have already entered the pact. They did not do this hastily or rashly. They knew the risks. And every one of these nations is just as jealous of its national integrity, its sovereignty and its honor as we are.

No, it is not a question of national rights or world good. The only reason today why the United States is withholding her hearty co-operation in a movement for World Peace and

retarding civilization in a step forward is because a few pm-pered and supremely selfish blatherskites who have no Honor and no respect for our fifty thousand heroes who died, pouted, pulled hair, kicked down the play house and everybody else's shins, filled the atmosphere with vile vituperation and went home to build a play house of their own.

And that is just what they are now intimating they will do —build a League of their own, build a League centered with a great big "I".

To the great medical profession we put the question—to the profession than which no other class of men sacrificed more or more willingly—"Did we fight in vain?" Did we sacrifice and fight to stop war only to have our labors lost because of the diabolical and supreme selfishness of some few demagogues?

Every member of the medical profession is an educated leader among men and every member of the medical profession should now insist on our nation's honor and our duty to the fallen heroes.—The Charlotte Medical Journal.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921, D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Danields, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. P. M. Welbourn, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

NEWS ITEMS

Dr. W. D. Coates, Cedarville, California, writes that there is a good location at Ft. Bidwell, Modoc County, where is located an Indian school, at present without a doctor.

Dr. B. F. Wilbourn, R. F. D. No. 1, Chico, California, says that there is no Eclectic physician in Chico, which is a thriving town in Northern California.

Died: Dr. Andrew O. Conrad, C. E. M. C., 1892, died at his home in Glendale, California, on Christmas day after a long

illness, aged 52 years. Dr. Conrad died as a result of exposure to X-Rays, as for many years he practiced electro-therapeutics exclusively.

Prof. J. U. Lloyd, Cincinnati, has been very ill with pneumonia but is now convalescing. Mrs. O. C. Welbourn of Los Angeles is at her father's bedside.

Dr. D. A. Stevens, Los Angeles, who bought the practice of Dr. H. T. Cox, has sold out and will locate elsewhere.

Dr. E. A. Pierce, Portland, Oregon, a close friend of Dr. U. C. Coe, is spending some time in Southern California for a much needed rest.

Dr. L. H. Freedman, Sawtelle, is wanting a physician to take his place for a few months.

ADVANTAGES OF BROMIDIA

The advantages possessed by Bromidia (Battle) are dependent upon its well balanced formula, the exact care with which it is prepared and the pure drugs used in its composition. This combination of superior features has made Bromidia (Battle) a highly reliable sedative preparation and one upon which a large part of the profession has relied for years.

In those cases where the continued use of the bromides is indicated, Bromidia (Battle) will demonstrate clearly its merit. The continued use of extemporaneously prepared bromides usually gives rise in short tiem to various disagreeable symptom,s practically all of which are obviated by the employment of Bromidia (Battle). Epilepsy, for instance, is a condition in which Bromidia (Battle) is of more than ordinary value. The careful clinician will find Bromidia (attle) a sedative agent to his liking.

ZEMATOL eradicates eczema. Samples and literature mailed free. Chicago Pharmacal Co., Chicago.

The California Eclectic Medical Journal

Vol. XLII FEBRUARY, 1921 No. 2

:: Original Contributions ::

INFLUENZA IN CHILDREN

Herbert T. Cox, M. D,. Los Angeles, Calif.

(Read before the California Eclectic Medical Society)

During the early part of the Influenza Epidemic in the fall of 1918, children did not seem to be affected much with the Influenza, but toward the latter part of that epidemic and during the epidemic last winter they seemed quite susceptible. In a general way the symptoms observed in children were the same as those observed in adults, but taking the individual case they were fewer in number generally and the patient, as a rule, freer of serious complications than the adult. Also in children the period of illness, as a rule, was much shorter than in the adult, although a few presented persistent temperatures. Also the exhaustion from the disease seemed less marked in children.

The child was taken ill with a rapidly rising temperature, which generally became regular, and often high, and in most cases it soon developed a pronounced hacking cough. Other symptoms sometimes manifested were headache, bodily aching, delerium, abdominal pain, congested lungs, vomiting, nose bleed, bladder irritation, excessive activity or under activity of the kidneys. But in the typical case the child seemed very comfortable, except for the high temperature and a distressing laryngeal cough. A few children had very little fever, but they invariably developed the characteristic cough and an accompanying reddened pharynx. My experience was that only a very small proportion showed any tendency toward pneumonia or pleurisy, which was so common with adults.

One thing noticed in small infants was that they were unusually fretful for the amount of temperature they devel-

oped, which as a rule did not go high. I had one family of six children and a mother, who all developed influenza except a year-old infant, which was still nursing, and played on the mother's bed and nursed her during all of the illness, and in all probability the mother's milk produced immunity in the child.

Nose bleed was very prevalent in children, and in some very severe. If I were asked to give the pathognomonic symptoms of influenza in children I would give, I believe, three.

First—A persistent high temperature, not accounted for by the condition of the bowels or lungs, after excluding diphtheria, scarlet fever and measles.

Second—A persistent hacking cough with a reddened pharynx.

Third—Nose bleed with the two preceding conditions present.

As stated before, lung involvement seemed rare, whether this was due to the form of the disease in children or whether it was due to treatment, or because of the fact that parents generally place a child in bed as soon as it develops a high temperature. A few children developed persistent emesis, which with the cough to contend with, was very hard to control and exhausted the little patients. Also a small amount were disturbed by bladder irritation, in the latter stages, and early during the fever period often showed very marked inactivity of the kidneys.

As a rule as soon as the fever had subsided these little patients became convalescent, were soon up and around, very hungry and apparently in good condition. Prognosis being favorable to a complete recovery generally.

As to treatment: Patient put to bed, room warm, no draught but plenty of ventilation, initial cleaning with Castor Oil or Citrate of Magnesia. Liquid diet, very little milk and plenty of fruit juices and light soups. Medicinal. Specific Medicine Gelsemium Red was generally the main stay, as they nearly always presented the indications. I anticipated the bronchial condition by always giving from the start, such remedies as specific Ipecac, Asclepias and Lobelia in small doses. And when the cough developed, generally Sanguinaria or Drosera, internally, and Libradol to the chest, as "safety first." Occasionally Aconite or Bryonia were combined with the Gelsemium or given alone. In some cases with persistent temperature and fermentation in the bowel, Salol was found very useful. In some very persistent coughs it was found necessary to use a wild cherry mixture with a small dose of Heroin or Coidene

to control the irritation. A remedy I also found useful in the coughs was "Pertussin," which is intended for whooping cough.

Other symptoms and complications were treated as indicated when they arose.

SPECIFIC MEDICINE ERGOT

H. Ford Scudder, M. D., Los Angeles

Specific Use. "As a stimulant to the capillary circulation, and to the nerve centers. In large doses, a parturient."

In Hemorrhages. Ergot lessens the caliber of the arteries, dilates the veins, and slows the action of the heart. It exercises a specific influence upon unstriped muscular fiber, inducing profuse muscular contractions. For uterine hemorrhage it is our most important remedy, because it contracts the mouths of the bleeding vessels. Ergot is one of our most valuable and frequently used remedies in controlling hemorrhage. Use it in passive hemorrhage with enfeebled circulation, in hemorrhage from the bowels fellowing chronic diarrhea or typhoid fever, in vomiting of blood from ulceration of the stomach, in epistaxis, hematuria, or hemorrhage from the lungs. Specific Medicine Ergot, gtt. v to viii, given four or five times a day, usually controls the tendency to hemorrhage, but when there is free discharge of blood, larger doses should be employed.

As a Uterine Tonic. Ergot is valuable in profuse menstruation, and when there is a tendency to uterine hemorrhage at the menstrual period. It has a tendency to tone up the muscular structure of the uterus, and is a valuable agent to combine with other uterine tonics.

As a Parturient. Use Ergot in labor in the second stage, if there is threatened hemorrhage, or a previous history of the same, and in full sized doses in cases of post-partum hemorrhage. We employ Ergot as a parturient **only** when there is muscular relaxation and uterine inertia after completion of the first stage of labor, with the os uteri soft and thoroughly dilated, with correct position of the child, and no obstacle to its free expulsion. **Since its expulsive effect is very prompt and powerful, every care should be taken, before giving the remedy, to see that there are no contra-indications for its use.**

In Chronic Disorders. Ergot is indicated in atonic and relaxed conditions of the urinary and reproductive organs, relieving many chronic troubles of these organs, especially

incontinence of urine in the aged, due to relaxation of the walls of the bladder.

In Cerebral Complications. Ergot is exceedingly useful in disturbances of the circulation of the brain; in hyperemia with flushed face, vertigo, threatened apoplexy in full blooded patients, concussion of the brain, and in inflammation of the brain and meninges, with full capillary circulation.

HYDRASTIS

H. Ford Scudder, M. D.

Specific Use. "To improve the appetite and digestion. It also exerts a specific influence on nutritive processes."

Specific Medicine Hydrastis. This is one of our best tonics for the circulatory and mucous structures. It exerts a tonic influence upon the mucous membranes of the entire gastro-intestinal tract, especially the stomach. It is soothing in its action, it increases the appetite, aids the secretion of the gastric and intestinal juices, increases peristalsis, tones up the muscular walls of the stomach and intestines, improves nutrition, and tends to restore the parts to a normal condition. It is especially indicated in all functional disorders of the stomach and digestive apparatus, in all atonic states with increased secretion of mucous, and in sub-acute and chronic inflammation with free secretion. Use it in all irritable disorders of the stomach, in atonic dyspepsia, and in catarrhal gastritis. **It is contra-indicated in acute inflammatory conditions, with scanty secretions.**

Combined with Specific Medicine Nux Vomica, Specific Medicine Hydrastis is very effective in relieving chronic constipation, when the muscular walls of the stomach and intestines are relaxed and inactive. Combined with small doses of Specific Medicine Podophyllum, it is valuable in hepatic congestion and catarrhal conditions of the gall ducts. It is efficient in many uterine disorders, as in subinvolution or menorrhagia, and in all chronic catarrhal conditions of the mucous membranes of the uterus, bladder, vagina or urethra.

Lloyd's Hydrastis. Locally, the colorless preparation of Hydrastis, known as "Lloyd's Hydrastis" forms one of the best preparations for leucorrhea with thick, yellowish discharge and relaxed and enfeebled membranes. For this use as a douche, two or three drams of Lloyd's Hydrastis to the pint of hot water. Lloyd's Hydrastis is especially serviceable, as a tampon dressing, in atonic conditions of the mucous membrane of the vagina. Combined with equal parts of

glycerin, it forms an excellent tampon treatment for heavy, boggy uterus, with prolapsus.

We employ Lloyd's Hydrastis as a wash in ulcerated sore mouth, also in nasal catarrh, and as a gargle in chronic inflammations of the throat, with dilated blood vessels, relaxed tissues and profuse secretions.

Used as an injection in gonorrhea, Lloyd's Hydrastis has no equal. It is painless and non-irritating, and does not stain the clothing. It should be employed only after acute stage of the disease has passed, say ten days from the onset of the discharge. In this affection use the following:

℞ Lloyd's Hydrastis ..... ℥i
Specific Medicine Hamamelis..... ℥i
Water .....℥ii

M. Sig. Inject two drams of the mixture four times a day, after urinating. In gleet and chronic gonorrhea, add to the prescription a small amount of acetate of lead or sulphate of zinc.

RADIUM—A NEW ELEMENT IN THE SAFETY MOVEMENT

Arthur Roeder, New York

Radium, the most mysterious and most powerful element known to science, which has the greatest power of all discovered sources of energy, has now been linked with the safety movement and will lend its power to the prevention of avoidable accidents. So great is its power that one gram is sufficient to raise a ton of water from the freezing to the boiling point. If one ton of it were harnessed to a ship equipped with 1500 H. P. engines, the ship would be propelled at the rate of 15 knots an hour for thirty years.

Radium is best known to the world through its curative properties in the treatment of cancer and through its commercial value in making radium luminous material. The power of radium was made known only a few years ago through the efforts of a Polish woman scientist, and a French and an American professor. Radium now treats thousands of cases of cancer annually, preventing death and eliminating a great deal of suffering.

Radium's role in industry as a life saver is less spectacular, but perhaps even more important than it is as a thereapeutic agent. The great mass of accidents in factories, in mines and in other industrial institutions, where darkness is a creator of danger, are being eliminated through the newest invention

of science—radium luminous material. Radium illuminated watches are familiar articles. The same material that illuminates these is now being employed in great factories on all power line switches, where fumbling might mean electrocution to the operator.

High pressure gauges, which are installed as an insurance against dangers are deprived of a great deal of their safety value through inconstant lighting. Their dependability as indicators is increased tremendously through making them safe twenty-four hours a day by the application of radium luminous material, which is invariably luminous in the dark. Steam gauges and water gauges of all sorts are making use of radium to increase safety.

Electric switches are often set in places which are unlit. This includes electric lighting equipment, which is usually visible only after the light it controls has been turned on. A spot of radium luminous material on the bottom or switch makes them easily located in the dark, so that in emergency they may quickly be made use of.

Likewise, a fire alarm or a fire extinguisher is deprived of a good deal of its efficiency through being invisible in the dark. Radium luminous material acts as a quick locater for them. Telephones, which are often necessarily found quickly in the dark in emergencies, various emergency call bells, and revolvers are made more useful through the application of undark. Gun sights, illuminated, insure accuracy of aim in the dark. The need of luminating poison bottles, so that they may stand out warningly in the dark has been demonstrated too often to need further dwelling on. An interesting safety device is the safe combination whose dial is radium luminated, so that no artificial light need be used for it.

The industrial uses of radium luminous material are many. Bolts that are necessarily attached to the dark under portions of machines and equipment are being touched with dabs of this luminous material, with a consequent great saving of bloodshed. In mines, where the carrying of oil lamps or the placing of electric lighting equipment is not feasible, radium has been found to be a boon to humanity. There are dark corners in the dark underground channels, which miners must traverse, corners where danger lurks—these are made safe through the unvarying luminosity of radium.

The value of radium to mariners is commencing to be recognized. Not only the compass dials, but the steering wheels, the gauges, and other instruments which should be instantly and uninterruptedly visible have been touched with radium. Motorists, motorcyclists, and the operators of any machinery

which has indicating dials, or gauges which tell of the speed of the motor or the quantity and mixtures of fuels and oils, are finding the solution of their difficulties in radium luminous material. The hazard of uncertainty has been reduced.

While radium is the most valuable element in the world—a gram of radium costs $120,000, as opposed to $150 for an ounce of platinum. So powerful is it when mixed with other materials, that even the minutest particle is effective in making material self-luminous for years. It is this quality which makes radium luminous material commercially possible.

The great value of radium is due to its scarcity, and to the great difficulty in isolating it after it has been found. Much of the radium of the world is now found in America, in carnotite fields. A great portion of this comes from the Undark Radium mines in the Paradox Valley of Colorado.

The ore is found in narrow seams in the ground. It is sorted and packed in one hundred pound sacks and transported sixty miles to the nearest railroad station on the backs of burros and mules. Thence it is shipped in carload lots 2,900 miles across the continent to an extraction plant in Orange, N. J.

Two hundred and fifty tons of ore treated with an equal amount of chemicals and water, yields one gram, which is about the size of a pin head.

The power of radium lies in the penetrating character of its rays, which disintegrate and travel at the rate of 3,000 miles a quarter of a second.

In addition to the use of radium luminous material on machinery in industrial plants, it is used extensively for the marking of any corner or spot which should be visible in the dark. Angles of tables and chairs, corners in rooms, numbers to indicate cubby holes or doorways on which there is no other illumination, are touched with a spot of undark. Even the valuable electric torch increases its efficiency when it has a touch of radium on it, so that it can be reached instantly in an emergency in the dark.

When other lights fail, when fuses blow out, wires break down—radium will glow dependably without danger of explosion or of burning.

The employment of radium to help solve our medical and industrial problems of life, safety is as yet in the first stages of its development. What the future will bring, no one knows.

ECTOPIC GESTATION

H. H. Helbing, M.D., St. Louis, Mo.

I am not going to take up your time by dwelling upon the theoretical side of this question, relating especially to causes, etc., but will relate my experience handling three or four cases the past year.

It is a subject that should interest all of us, for it is important that we do our best to make a diagnosis as early as possible in such cases so as to avoid serious complications supervening. We will have difficulty in diagnosing this wrong from normal pregnancy, pyo-salpinx, cystic ovaries or abscess in pelvis.

The first case I wish to relate was Mrs. A. H., age 22, married about five years, and has had no children or miscarriages. She has been suffering with salpingitis for several months and I have been advising operation, as I suspected pus tubes. She came to me last fall complaining of more pain than usual in the left tubo-ovarian region. Says she has missed her menses two months, but it has now come on and she passes clots. At times the pains are so acute as to cause cold sweats and slight collapse. Her suffering is so great that she now consents to an operation.

Upon opening the abdomen we find an ectopic in the left tube, the same being developed to the size of one's fist. There had been no rupture, so the tube was easily removed. The right tube, being chronically diseased, was also removed. She made a smooth recovery and has had no trouble since.

Mrs. G. D., widow, age 31, entered hospital January 2, 1919, with a history of having had pain in the pelvic region for some time. No clear subjective history could be obtained, but palpation revealed a mass filling the pelvic cavity and extending The uterus, only slightly enlargedto the brim of the pelvis. was pushed up against the pubic bone. There was a white blood count of 15,200. There being no clear history we were not sure what the mass could be. Upon opening the abdomen we found that we had an ectopic to deal with. The tube on the right side had ruptured some time previous to her entering the hospital, the intestines and omentum had become firmly adherent to the sac, so we merely cleansed out the cavity and put in a rubber dam drainage. In this case the fetal products were entirely without the tube, the intestines, omentum and wall of the pelvis forming the sac wall. The patient recovered radily and left the hospital January 20.

Mrs. A. R., married, age 32; came into the hospital February 5 with a history of having had her last menstruation in October, 1918. She says just before Christmas she had cramps and

fainted; became very weak. Palpation and bi-manual examination revealed a uterus soft, slightly enlarged and in the normal position. There is a mass in the cul-de-sac slightly to the left. Diagnosis, ectopic gestation. Upon opening the abdomen there was a mass in the pelvis adjacent to the fimbriated extremity of the left tube and surrounded by the intestines and omentum; in other words, the intestines and omentum formed the larger part of the sac wall. Evidently the mass had been forced from the tube at the time of here severe pain and weakness. The entire sac was easily removed with the fetus and placenta, and the abdomen was closed without drainage. She recovered and went home two weeks after the operation.

The patient I now present is one in which the symptoms pointed to ectopic, but which proved to not be such. Miss D. S., age 19, has missed her menses three months. She entered the hospital having cramps and was passing large clots. She had an operation two years ago for appendiceal abscess. An examination revealed a mass in the right tubo-ovarian region, the uterus being fixed but slightly pushed to the left. White blood count 23,000. The question is as to whether this is a pus tube or ectopic. The high blood count points to pus tube. The fact that she is single also would lead us to believe this were she not a city hospital patient. The absence of menstruation for a time followed by a menorrhagia and the passing of clots point to ectopic. Upon opening the abdomen we find that it proved to be a pus tube.

When called to a case of ectopic that has ruptured into the abdominal cavity, we will often find the abdominal cavity filled with blood and it requires rapid work to save such a patient. If we have reason to suspect a wrong of this kind in a patient, it is wise to either have them operated at once or let them stay where they may be accessible to a hospital where surgical intrference may be instituted at a moment's notice.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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MENTALLY FIT

Frequently it is said of a singer that she was in "good voice." Likewise it may be said of an athlete that he was in "good form." A medical man is neither a singer nor an athlete; but sometimes he does his work much better than at other times. Not always does he himself know whether or not he is doing the best of which he is capable. He thinks thoughts and he reaches conclusions, but the conclusions sometimes are logical and sometimes they are not. The brain functions, but its product lacks uniformity. There are many reasons why this is so, one of which is fatigue. The brain may be exhausted from legitimate work, or again it may be exhausted from dissipation, the owner may have been playing poker the most of the night before. In any event the product of an exhausted brain is valueless and may be harmful, by either the sin of omission or commission. Under such conditions the medical man is not "mentally fit" and the patient is at least "out of luck." Should the patient's condition be serious the consequences may be grave indeed. The

laity expect, and with good reason, that we should conduct ourselves in a way to insure that they will receive the best service of which we severally are capable.

H. C. L.

During the war this Journal continued its old subscription price as a matter of patriotic duty, and we have no regrets. With the close of the war we expected that the cost of paper and printing would be materially reduced and we therefore continued as before—living in hopes of a better day. However, this day has not arrived—in fact, the items on our cost sheet are constantly increasing—and we have decided to raise our rates. The subscription price will be $1.50 per annum for the present.

INFLUENZA FROM THE AYURVEDIC AND HOMEOPATHIC STANDPOINT

By Dr. Amiyamadhab Mallick, M. B.

(Medical Practitioner, Calcutta)

So much indeed has been said and discussed at this Club on the above subject by eminent speakers that any further attempt to go over it, would naturally be considered as mere repetition, and to try to dilate on it a rather rash venture. My only plea to dwell on the same subject lies in the fact that the angle of vision on the standpoint from which I have looked at it is altogether different and hence this attempt may not be thought unjustifiable.

In dealing with influenza so far, most elaborate descriptions have already been given by previous speakers of the various aspects in which the fell disease has manifested itself during the whole course of its devastating career which, to speak candidly, has so far baffled the medical skill to its utmost. It is hardly possible for any physician to add even one item to those manifestations that have already been described; but after going through the scattered symptoms from the Ayurvedic standpoint, I have found that they can be classified into certain groups and this is what I have done in this paper, only giving certain Ayurvedic names to those groups and reasons for doing so.

I have used here certain technical terms, which before proceeding further, I ought to tell you what I have understood by them. As Indian physicians, most of you have undoubtedly understood them in your own light. I give here only my own

idea of them. The terms are familiar ones, viz—Váyu or Váta, Pittam, Kaffam or Sleshmáh. Now—

1. Váyu or Váta means motion and sensation or cause of motion and sensation.
2. Pittam means Heat or cause of heat.
3. Kagam or Sleshmáh means moisture or cause of moisture.

Some of you will naturally ask me what are their respective equivalents from the western physiological standpoint; but I regret to say that there are no equivalents and the nearest approach to them are—

1. Váyu or nerve force, commonly known as nervous electricity.
2. Pittam or producer or giver of heat commonly known as bile. (liquid heat.)
3. Kaffam or Catarrh, protector of matter from heat and insulator of electricity commonly called moisture.

This will suffice for our present purpose as the subject of Vayu, Pittam and Kaffam in detail is too vast to be taken up now, but if you wish, can form a separate subject for discussion when the next opportunity arises.

Influenza Explained From the Ayurvedic Standpoint

According to Ayurveda, Influenza is mainly an epidemic disease caused by a peculiar alteration in the humidity of the atmosphere which favors the growth of the influenza germs and also a peculiar electrical change in it which favors a rapid dissemination of those germs causing what is known in Ayurveda as Váta-Sleshma-Vikará in the system. The cause remaining in the atmospheric environment, its natural entrance into the system of the individual is through the respiratory passages and the skin. This verified by the first symptoms of influenza appearing either as a respiratory catarrh or as pain all over the body.

No matter whatever name is given to it from the Ayurvedic standpoint, Trench-fever should be the appropriate name for it, if causation is taken into consideration. According to Ayurvedic philosophy, in trenches, both humidity and electrical changes in the atmosphere should be most marked to give rise to Váta-Sleshma fevers. Once a suitable focus of influenza germs is formed there, the electrical changes in it with electric rapidity, disseminate them all over and in trench-like environments elsewhere, they rapidly begin to form new focii and the epidemic becomes world-wide one. From the results we now find that it is so and influenza has now got

a firm hold all over the world. No doubt even under the best hygienic conditions, trench-like environments are not wanting. Hence we find from our experience that influenza is no respector of so-called hygienic places.

Next we come to the trench-like human constitution, namely, in which similar humidity and electrical changes are predominating—this is the Váta Sleshma Prakriti of individuals, according to Ayurveda and the Hydrogenoid and Nitro-Hydrogeniod constitutions in Homeopathy. Thus we see that both Ayurveda and Homeopathy are at one on this particular point.

The above theory is the Humeral Pathology of the old which we have unfortunately ignored so long. In my humble opinion a time has come when we should look into it again carefully if we are to do justice to it. By so doing we would be able to explain and deal with many things that are at present unknown to us and inexplicable. A thorough knowledge of this forms the foundation on which the treatment of Influenza both from the Ayurvedic and Homeopathic standpoint, is based. Ignorance of this has been our serious handicap. Permit me to predict that the foundation of our Bacteriology would in future be based on this rock as the opsonic index of individuals is founded on it. According to this theory the Sleshma Pradhana or Hydrogenoid constitution individuals should be most susceptible to the first attack of influenza and this is what I have observed during the first epidemic, viz., that they fall easy victims to it. The Váyu Pradhána or Nitro-Hydrogenoid constitution individuals come second on the list with regard to susceptibility, and they generally escape the first epidemic without any serious symptoms developing and get over quickly.

In these cases the nervous symptoms predominate most, and this is what I have observed too. The Pitma Pradhána, called the Oxy-genoid constitution individuals in Homeopathy are the least susceptible to the influenza poison no sooner it gets admission into the system. These individuals constitute the class that have remained immune all through the influenza epidemic. Thus we see that Ayurveda and Homeopathy both explain in their own way even the cause of partial or complete immunity of which we know so little. To deal with influenza regardless of individual constitution would naturally mean a fight not with influenza itself, but with the undertaker. The proverb that prevention is better than cure, should be our guiding principle if further catastrophy is to be prevented. I would later on attempt to show how that can be best secured from the Ayurvedic and Homeopathic standpoint. The comparative success which both Ayurvedists and Homeo-

paths claim in the treatment of influenza lies in their attending to the constitution and preventing untoward symptoms developing. The mortality of advanced cases has perhaps been the same with everybody, either an Allopath, Homeopath or an Ayurvedist.

From the above, it is evident that the fundamental difference is our angle of vision from both the Homeopathic and Ayurvedic standpoint lies in the fact that they give more importance in matters of causation and treatment, to the soil in which diseases grow, than to the bacteriological cause of the disease or to the seat of the disease in which it is manifested. In influenza with which we are at present concerned, they think that the diverse manifestations are not due to the different types of influenza germs; but to difference in the soils or systems in which those germs have developed and manifested pathological changes. From our Allopathic point of view we unfortunately ignore the soil or constitution and hence we have no classification of influenza so far.

The classifications are at present as many as there are numbers of symptoms manifested in different organs and of which there may be no end. According to both Ayurveda and Homeopathy then, Bacteriology holds only a secondary position in the causation of disease, the primary being the constitution or the soil. This fundamental difference is a vital one indeed, considering that at the present moment the tread of scientific advancement is moving towards establishing just the opposite, namely, the Bacteriological cause alone of disease as primary. It is not my intention to enter into details about the controversy here; but I will give the main points on which the above Ayurvedic theory is based:—

(1) Bacteriology is known as Bhuta Vidyá in Ayurveda and Bhutas, signifying the unseen enemies of mankind. They exist everywhere, and our existence is a continual fight between them and the protector of the constitution known in Ayurveda as Niramoya. Only when the Bhutas can overpower the constitution, the disease peculiar to each kind of Bhuta is manifested.

2. When the constitution is strong enough or the Niramoya complete, it can resist even the most formidable of Bhutas, and no disease can appear, however strong they may be.

3. No sooner the constitution, through some cause or other, goes below par, Baisamya results and facilitates for the operation of Bhutas are afforded; the Bhutas get the upper hand, and the seed of disease is sown in the system and the first symptoms of Nidana, Purvarupa, etc., of disease manifest themselves.

4. The factors that produce this deranged constitution or Baisamya constitute the primary cause of disease. Baisamya means a loss of equilibrium of the system and maintaining this equilibrium constitutes the fortification of the system against invading diseases and this is called Sámya in Ayurveda.

5. It is hardly possible to destroy the Bhutas wholesale. It is the raising of the standard of constitution alone that constitutes the safe and rational treatment. Primarily, of course, an attempt should be made, either to make the Bhutas inert or to destroy them as much as possible; but as this is almost impossible, this procedure is considered of secondary importance.

Gentlemen, the backbone on which our theory of Bacteriological diseases stands, is based on the results of innoculation. On this point Ayurvedic Philosophy dogmatically holds that this argument is fallacious as artificially forcing a poison directly into the system by breaking through its protection wall, nature is not given the chance to deal with the poison before it can enter into the system. This is wilfully breaking a fort wall, introducing the strong enemy into a vital place inside the fort and then blaming the defenders of the fort for inability to defend. The blame apparently lies not with the defenders, but with the treacherous friends who destroyed the defense walls. It remains to be seen whether a fort can be stormed so long as its defense walls are intact. Taking a firm stand on the relative importance of the system in the causation of the diseases and the necessity of fortifying the system as much as possible against any invading disease, that Ayurvedic Philosophy has laid down the classification of disease in general, according to the soil or constitution alone of the individual, and this constitutes the most important point on the subject for discussion today.

Classification of Influenza

Influenza being Váta-sleshma fever in the main, the classifications are:

1. Vátaja or Bhuta pradhána.
2. Pitmaja or Pitma pradhána.
3. Sleshmaja or Sleshma pradhána and the permutations and combinations of these as—

(1) Bhuta Sleshmá (2) Bhuta Pitma (3) Pitma Sleshmá.

4. Bhuta-Pitma or Tridosaja or Sánnipatic i. e., all three dosas combined.

The types described here are only four main types, which will suffice for our present purpose to show at a glance what they are, viz:

1. Vátaja or nervous type or the type in which the nervous phenomena predominate, resulting in hyperesthesia, anaesthesia, paralysis, paresis and sudden sinking of the vital force, without sufficient cause to account for and with or without fever; profound toxemia with sudden collapse, etc.

2. Pitmaja—The thermic type or type in which thermic phenomena or hyperpyrexia predominate, resulting in high fever with hard frequent shotty pulse of high tension, with petecheal capillary or profuse haemorrhage, commonly called the haemorrhagic type. This haemorrhage may come from any place internal or external and has even been seen oozing from the hair follicle in the skin.

3. Sleshmaja or catrrhal type or type in which the internal moisture predominates, producing inflammation of the whole catarrh-producing parts of the body, such as, serous, mucous, synovial and subcutaneous tissues, etc., resulting in oedema, dropsy of all the organs of the body, due to superfluity of catarrh, both in the system and in the circulation. When such catarrh predominantly affects the respiratory tracts it gives rise to ozena, laryngitis, bronchitis, pneumonia, pleurisy, etc.; when in the subcutaneous tissues it gives rise to acute pain and heaviness all over the body; when in the joints, rheumatic pains all over; when in the intestines, giving rise to diarrhoea; when in the brain, leading to the comatose form, and so forth.

4. Sánnipátic type or Tridosaja, or all the above forms combined, and being simultaneously affected, commonly called the malignant type. This form is occasionally met with in some rapidly developing cases, which ignore the disease at its onset and is invariably fatal in a short time and collapses before medical aid can be afforded.

Treatment

I next proceed, gentlemen, to the treatment of influenza from the Ayurvedic and Homeopathic standpoint. When the poison is in the atmosphere, we can safely take it for granted that all of us have imbibed it more or less by inhalation, some manifesting symptoms, and in others the poison lying dormant. Under the circumstances the treatment would depend upon the stage of the disease in which we get our patients. The stages described are five:

(i.) **Nidanam** or cause, i. e., the factors that bring the system below par, i. e., that make the system susceptible to disease.

(ii.) **Purva-rupa** or early stage of development of the poison in the system, when no symptoms are exhibited.

(iii.) **Rupa**, when the poison developing, has taken a shape

somewhere, but cannot with the means at our disposal, yet be localized.

(iv.) **Upasya,** or spreading from that focus and generalizing; but even then, not producing any palpable effects in any organ.

(v.) **Samprápti,** local palpable manifestations begin in some organ or organs. To this, others add.

(vi.) **Avib.,kti,** or general manifestation in the form of fever, catarrh and pain which are palpable, both to the patient and to the physician. This is what we call disease. The previous five stages coming under what we call the premonitory stage.

The treatment of the first five stages is called preventive, and of the last as palliative or curative. Under prevention, no sooner we get the scent that the poison is in the atmosphere, the treatment should be begun by fumigation of Dhup, Dhuna, etc., and fire centres made in the infected areas. Unquestionably when the infection comes from the atmosphere the best and simplest way to deal with it is by fumigation. I cannot tell you at present what has Dhupa, etc., to do with the prevention of influenza, but it does, in my humble experience. It appears that the influenza germs are somehow made inert and cannot flourish in the atmosphere charged with Dhupa, etc. If such centers are made all over the infected area, the locality will be efficiently disinfected as Goldsmith has it.

"If each before his own door swept
"The village will be cleaned."

This treatment in fact is directed towards dealing with the poison, and preventing it from spreading. The most important factor lies in fortifying the system and safeguarding it against infection. If I try to go into details here, I might be legitimately charged with taking advantage over your honest patience; so I shall try to cut this short as much as possible.

GENERAL AND MEDICAL TREATMENT:

A. Ayurvedic

1. Rest—to restore the nervous equilibrium in the system as much as possible and preventing a run down condition.
2. Low diet for three days to prevent the system from being surcharged with catarrh or moisture.
3. Avoidance of chill for the same object as above.
4. Avoidance of drastic purgatives to maintain the strength and heat of the system.

5. Let the catarrh or moisture be slowly eliminated or burnt out and help such procedure with medicines called Shlesmá paripákakara by Mahálakshmi-bilash, dry fomentation especially salt bag compress.

6. Restore the nervous equilibrium by medication called **Báyusantikara** by **Tulsirash, Madhu** and Makaradhaj for three days, once every morning.

7. In the latter stage, stimulations by Musk, Makaradhaj, etc., for three days.

B. Homeopathic

1. For the acute skin-catarrhal type, with pain all over the body and fulness in the chest—Rhus. Tox 200; Bell. 30; Aconite 3x, according to the symptoms, once every morning for two days.

2. Laryngeal type with most troublesome and hacking dry throat cough—Spongia 200; Phosphorus 30; Causticum 30; once only.

3. Pulmonary type, with distressing cough, bronchial rales and acute oedema of the lungs; Bryonia 30, once every morning for two days.

4. For the intestinal type, with diarrhoea: Arsenic 3x once every morning for two days only.

5. Severe toxaemic type, including the nervous type, Arsenic Alb. 3x or Phosphorus 30; according to symptoms, once only.

6. In all cases that threaten to take a bad type, with signs of cardiac failure—Arsenic Alb. 3x has been my sheet anchor.

Conclusion

As it is not my intention to tire your patience by going into details about the so-called unscientific treatment, I have given here, in a nutshell, what I have found to be the most simple, practical, yet efficacious means, so that if any of you would care to try them, can be easily done, as an experiment for comparing results without in any way endangering your patient's life. Influenza should no longer know any pathy, anything that cures should be honestly given a trial. I will only request you, if you care to try, giving the trial at the very onset, for the treatments given here are mainly more preventive of untoward systems developing, than curative when grave symptoms have already set in late in the disease.

Another important factor in the treatment was, what I have repeatedly observed, that the more haste on my part to cure the patient quickly, the less the speed of recovery invariably followed. A waiting game and least interference have served me the best, in my humble experience.

As altogether, 4 Ayurvedic and 8 Homoepathic drugs are

given for treatment of all cases, I don't think they would be considered too many to experiment with.—Indian Medical Record.

BOTULISM

American Red Cross

During the latter part of 1919 numerous cases of poisoning, and a number of deaths, were reported in different parts of the country, as a result of eating olives, or certain canned vegetables. These deaths were caused by botulism—literally "sausage poisoning."

Botulism, according to a bulletin prepared by the Department of Medical Information of the League of Red Cross Societies, and made public by the American Red Cross, has in the past usually arisen from consumption of home-preserved food, which was not correctly packed, but events such as those noted above, have led recent investigators to conclude that infection with botulism through commercially-packed foodstuffs, while rare, is by no means impossible.

The obvious method of protection against botulism, which has a high mortality, is to refrain from eating preserved foods which are noticeably spoiled. The presence of the Bacillus Botulinus is usually indicated by a sour odor, or by some other plain evidence that food containing it is unfit to be consumed. While the presence of the bacillus has been noted only in foods which have been prepared for preservation in cans, jars or other containers, ordinary prudence demands the rejection of any comestible which, by smell, taste or appearance, shows signs of being spoiled.

Bacillus botulinus was first isolated by van Ermengem in 1896. It is of the anaerobic type; that is, it cannot exist where oxygen is present. When taken into the human system, it lodges in the digestive tract, and the toxins produced there spread over the body. Inasmuch as the first symptoms of botulinus do not appear until it is too late to employ the stomach-pump or emetics, and since the only treatment is a serum of doubtful value, the fight must be devoted mainly to keeping up the sufferer's strength and combating the various symptoms as they occur.

Botulism is somewhat similar, in its early symptoms, to encephalitis lethargica, a disease which is very much in the popular mind at present, and an epidemic of the latter disease in England in 1918 was wrongly diagnosed as botulism, supposedly due to the war diet of the people. The onset of both

diseases is acute. The first noticeable symptoms are similar, and consist of dimness of sight, often followed by coma. But there the resemblance ends. Encephalitis produces a slight rise of temperature; botulism usually does not. There are rarely two cases of encephalitis in the same household, while botulism usually affects at the beginning several people, all of whom have partaken of infected food. Finally, death from botulism usually occurs within four days, accompanied by varying symptoms, while encephalitis tends to produce prolonged coma, and to become in a sense chronic.

Ptomaine poisoning, which also may result from eating bad food, is not associated with the presence of the botulinus bacillus, but in the past, in the absence of exact methods of diagnosis, it often was confused with botulism. Figures for the United States show only 150 cases of botulism, with 97 deaths, in the whole history of the disease there.

Food containing the Bacillus botulinus may be either animal or vegetable, and in many cases the death rate from eating poisoned vegetable products has been excessively high, due probably to the fact that preserved vegetables often are served raw, as in salad, while meats are more apt to be cooked, with a constant diminution of the virulence of the botulinus germ. German statistics of several epidemics, show mortality in cases of consumption of infected vegetables to be as high as 52.3 per cent, that from smoked meat and bacon being 19 per cent, from sausage at 17 per cent, and that from fish and lobsters only 10 per cent, the mortality tending to diminish in proportion to the probability of the food being cooked before consumption. A curious fact in relation to the epidemics of botulism arising from the eating of poisoned olives is that in cases when the olives had been washed before they were eaten, the disease appeared in milder form, or did not attack those persons who had taken the precaution to wash their olives.

The sterilizing methods adopted by the corporations which distribute preserved foods seem largely to eliminate the possibility of botulinus infection. It is usually in the cases of products of isolated, unscrupulous packers, or where foods which have been rejected by the original consignees are sold at low prices in second-rate stores, that there is danger of botulism. The bacilli of this disease may develop in home-preserved foods, through insufficient sterilization of the food or of the container; or through the use of faulty methods of excluding air from the sealed container, thereby allowing putrefaction.

The great majority of the commercially prepared foods are

absolutely safe when they leave the packing plants; but the public should insist on getting undamaged containers, since even the best of these receptacles may be damaged by careless handling. The proportion of safety in tinned foods is shown strikingly by an experiment carried on at Harvard University, where a lunch club experimented over a period of sixteen months with 1,750 cans of food. Absolutely no ill effects were discovered as a result of this investigation.

The botulinus bacilli are not found in raw foodstuffs, or in products which have been correctly prepared. Observance of scrupulous care in preserving food for future consumption eliminates the possibility of the spreading of botulism, which, while it fortunately is not of frequent occurrence, nevertheless is one of those maladies with which medical science has not yet definitely learned to cope.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

NEWS ITEMS

Dr. and Mrs. Martin, Wagner, Oklahoma, are touring Southern California and may decide to locate here.

Dr. D. A. Stevens, Los Angeles, in company with his brother, is enjoying a hunting trip in Mexico.

Dr. James Miller has changed his address from Danville, Iowa, to Bennett, Iowa.

Dr. A. A. Prall has opened an office at 157 Pacific Blvd., Huntington Park. His residence address is 437 S. Malabar St.

The many friends of Dr. and Mrs. E. R. Harvey, Long Beach, will learn with sorrow of the serious accident to their

sixteen-year-old son, Neal, who fell under a street car and lost both feet.

Died: Dr. Frederick Leix, C.E.M.C., 1906; died at his home in Los Angeles on January 14, 1921, aged 56 years. Dr. Leix was very prominent as an X-Ray specialist.

Dr. Louis H. Freedman, Sawtelle, wishes to take a long vacation and therefore desires to either sell his practice or take a partner.

CONTROLLING ANESTHESIA

When a solution of a local anesthetic is injected into a tissue its effect is limited by the rapid dispersion of the fluid; that is, the fluid is absorbed and carried off by the circulation, and the anesthesia is of short duration. True, the surgeon can control this condition when operating upon an extremity, as a finger, by throwing a ligature around the member, but even that procedure is open to objection.

If a means could be devised to hedge about the area of operation without engorging the tissues, such a device would be in insistent demand. No mechanical invention has yet offered itself, but we have an almost perfect check on the rapid absorption of the anesthetic in Adrenalin. This substance is readily soluble; it is compatible with all local anesthetics, physically, chemically and physiologically; and it is not irritant. Furthermore, it controls hemorrhage and, in operations on the mucous membranes, affords the operator a clear view of the field. By limitation of the absorption of the anesthetic it is possible to do an operation with less of the drug, and thereby the risk of toxic effect is minimized.

This subject is dealt with more at length in the advertising section, where the reader will find the fifth of the series of short articles on Adrenalin to which we have had occasion to refer in previous issues of this journal. A perusal of the article and its preservation for future reference are suggested.

The California Eclectic Medical Journal

Vol. XLII **MARCH, 1921** **No. 3**

:: Original Contributions ::

HEMORRHAGE AFTER THE MENOPAUSE

Dr. O. C. Welbourn, Los Angeles, California

(Read before the Los Angeles Eclectic Medical Society)

Women approach the menopause with fear and perturbation. Not only is it a very annoying period in her life, but it is also the period in which she is in the greatest danger of losing her life. With ample reason she is apprehensive. To most women the cessation of the generative function is experienced without regret, even though it definitely establishes that the meridian of her life cycle is passed and that henceforth she is one of the "has beens." As compared to the months immediately preceding she experiences great relief, both mental and physical, and in a negative sort of way she is happy and content. Other members of her household share in this relief, for the passing of the menopause is a family affair in most instances. This feeling of complacency may continue throughout the remainder of her life, but in a much too large percentage of cases it is replaced by one of anxiety. There is a hemorrhage! It may be quite a gush of blood, or again it may be just a stain. Should there be a free flow of blood most women will consult their medical adviser at once. On the other hand, with a slight dribble over a few days they usually hope for the best and conclude that it is just another menstruation. As a result nothing is done until several hemorrhages have recurred at irregular intervals. Eventually both classes will appear for advice and the medical man is reprehensible who does not at this, his first opportunity, make an effort to establish a diagnosis. A physical examination is essential, and sometimes microscopical work also. It should be borne in mind that a vaginal hemorrhage after the menopause is

always pathological and the exact nature of this pathology must be determined. A large percentage of these patients will be found to have a malignant disease, and we all know that the only hope of effecting a cure depends upon an early diagnosis. Many more times than I care to remember I have seen patients who came too late because the medical man upon whom they depended neglected to make an examination. Such experiences are trying to everybody concerned. The patient feels that she has been neglected, even though when she first mentioned the matter to her doctor it was in a most casual way. More than likely her indifference was assumed, and if real it was a result of her ignorance. A spirit of optimism is a great help when dealing with the sick, because usually they are abnormally depressed. But it should be a reasonable optimism; it should be induced and supported by scientific data. Otherwise it is nothing more or less than an agreeable hallucination, an amenomania, if you please. A vaginal hemorrhage after the menopause is a serious matter and should be treated accordingly. Some cases are curable and some are not, and this is impossible to determine until an examination has revealed the cause.

SPECIFIC MEDICINE ASCLEPIAS

H. Ford Scudder, M.D.

Specific Indications: "The skin is hot, but inclined to moisture; the face flushed; sharp pain."

Asclepias tuberosa possesses a direct influence upon the thoracic organs, and is especially valuable in pleurisy, both the acute and the sub-acute forms. Here it aids in the removal of any effusion that may be present, is prompt in its action in relieving the sharp pleuritic pains and distressed, short breathing, and benefits the heart and the entire thoracic contents. Use the Specific Medicine Asclepias in hot water, in doses of from fifteen to twenty drops for a few doses, then from one to two drams in four ounces of water, giving a teaspoonful of the mixture hourly.

Asclepias has a beneficial action in pneumonia, bronchitis, acute colds, coughs and other wrongs of the respiratory apparatus. We always think of it for various pains in the chest, intercostal, sharp, cutting, persistent or recurring, and for the "stitch in the side" following an attack of pleurisy. In febrile or inflammatory diseases Asclepias is usually combined with Specific Medicine Aconite.

Asclepias is markedly beneficial in the treatment of children's diseases, being slightly sedative in its action, allaying

nervous irritation and increasing the secretion from the skin. Try it in measles or scarlet fever, when the eruption is slow in making its appearance, and the child is nervous and irritable. It is **the** remedy in all chest affections of children. It acts as a sedative, lessening the cough and freeing the secretions.

Catarrhal troubles, such as the acute nasal catarrh of children, diarrhea from cold, catarrhal in character, dysentery and enteritis are greatly benefited by the use of Specific Medicine Asclepias. It has a soothing effect upon the stomach and entire intestinal mucous tract, and has proven a valuable agent in the relief of flatulence, especially flatulent colic of babies.

Asclepias is a positive diaphoretic, acting upon the skin and sudoriparous glands, increasing the true secretion from the skin and aiding in the elimination of toxic substances. Here it may be employed freely, given in hot water. It is not a stimulant, and hence **may be used freely as a diaphoretic in febrile conditions.** We use it in any disease where there is a hot, dry skin, or skin with a tendency to moisture, flushed face, slight temperature, full pulse, pain sharp, worse upon motion. **In acute colds and influenza it is a favorite remedy.** Here, give one full dose of the Specific Medicine, gtt. xx to xxx in ℥i of very hot water, at bedtime. It breaks up the cold by producing free diaphoresis and diuresis. In phthisis Asclepias is a good remedy, lessening the cough and night sweats, changing the character of the secretions, relieving the nervous irritation, and having a soothing effect on the mucous membranes. Use it in acute rheumatism with suppressed secretions, and in neuralgia, especially of the intercostal form.

SPECIFIC MEDICINE THUJA

H. Ford Scudder, M.D.

Specific Use. "Internally as a stimulating remedy in tenesmus and dribbling of urine in the aged, and in nocturnal incontinence."

Specific Medicine Thuja, formerly known as "Lloyd's Thuja," or "Howe's Thuja," is the best preparation of this drug, and has always proved exceedingly satisfactory, especially when used for the cure of hydrocele, for which it was first commended by Professor A. J. Howe, M.D. His method was to inject two drams of a mixture of equal parts of Specific Medicine Thuja and warm water into the sac, after the removal of the serous accumulation. The scrotum was then thoroughly kneaded, bringing the medicine into contact

with every part of the sac to be obliterated. This method is still followed, with much satisfaction, by many practicing physicians. Considerable pain follows for an hour or so, but in the majority of cases a radical cure is accomplished.

Thuja has a specific influence upon the urinary apparatus, and it is a most valuable agent with relaxed and enfeebled conditions of the bladder. Use it for the dribbling of urine and lack of control of the aged. The Specific Medicine, given in doses of gtt. iii to v, is a very effective remedy in nocturnal enuresis of children, when purely functional and not due to phimosis. It has a tonic effect upon the muscular structure of the bladder, and favorably influences the mucous structures of the entire urinary tract.

Contra-Indication. Thuja is contra-indicated in inflammatory states.

Thuja has a direct influence upon the epithelial layer of the skin, and has proven a valuable agent in correcting the tendency to the formation of warts and other epithelial growths. Here it is employed both locally and internally. It has been successfully used in cases of chronic phagedenic and exuberant ulcers, chancroids and old syphilitic ulcerations, warts, especially venereal, and cancerous ulcerations. Possessing valuable alterative qualities, it is a splendid remedy in the treatment of glandular indurations in scrofula and syphilis. Give Specific Medicine Thuja, gtt. v, four times a day. As a local application, dilute with two or three parts of water or glycerin. For warts, apply full strength.

BRONCHO-PNEUMONIA

John William Fyfe, M.D., Saugatuck, Conn.

In addressing this convention of experienced physicians on the subject of broncho-pneumonia I feel confident that it will be quite unnecessary for me to enter into its diagnosis, and I shall therefore confine my remarks along this line to a statement of such facts as will assist me in elucidating a specific and efficient treatment of a disease frequently seen in children and also in adults whose vital forces are below the normal standard.

On being called to a patient presenting symptoms—disease expressions—suggestive of pneumonia, the first of our activities should consist of making a nosological diagnosis that is free from doubt—not that such diagnosis will materially influence our treatment—but it should always be made for the benefit of scientific medicine and the reputation of the attending physician.

It would seem self-evident that the treatment of bronchial

pneumonia should be mild and sustaining—that all depressants should be avoided—if we are to give our patients the best possible chance for recovery, and this is equally true when applied to either of the several varieties of pneumonia. It is possible that a too vigorous treatment has sometimes been the principal cause of death.

In beginning our treatment we always have from the condition of the pulse a safe and reliable guide. If the pulse is small and frequent five drops of specific aconite should be added to four ounces of water and a teaspoonful of the mixture administered every hour, but if the pulse is of medium fullness five grains of ferrum phosphoricum, 3x., should take the place of the aconite. In some cases, however, the pulse will be full, frequent and bounding, making a direct appeal for veratrum as the indicated sedative.

Cases of bronchial pneumonia are numerous in which the heart's action is too feeble to assure a life-supporting circulation of the blood. In all such cases ten to twenty drops of specific cactus should be added to the sedative mixture in order that the heart may be properly supported, not stimulated, from the beginning of treatment. There is a vast difference between stimulating and supporting the heart. All attempts to stimulate this organ should be made with the greatest care. If we avoid the use of depressing sedatives, however, little need of stimulation will be encountered.

In this wrong of life bryonia is nearly always indicated, and is especially called for when there is evidence of pain in respiration.

In some cases it will be noted that the face is flushed, the eyes unnaturally bright, the pupils contracted, and the child is consciously rolling the head from side to side, evidencing the need of gelsemium being included in the treatment, when ten drops of the specific medicine should be added to four ounces of water and a teaspoonful of the dilution given every hour. In other cases the eyes will be dull and the patient dull and drowsy, when belladonna should take the place of gelsemium.

Great restlessness, sleeplessness and even delirium are often prominent characteristics and clearly indicate a demand for the relieving influence of rhus toxicodendron. It may be combined with the other remedies, or five to ten drops of the specific medicine may be added to four ounces of water and a teaspoonful given every one or two hours.

If the tongue is red and pointed, showing marked irritation and accompanied by a hacking and exceedingly troublesome cough, five drops of specific ipecac should be added to four ounces of water and a teaspoonful of the dilution given every

hour, or it may be combined with either of the other mixtures.

In most cases local applications are not needed, but if respiration is especially difficult a very small quantity of libradol may be daily applied to the upper third of the chest.

Hot milk affords a most excellent means of supplying the patient with proper nourishment. Two ounces every two hours will be about the quantity required.

PNEUMONIA

J. D. McCann, M.D., Monticello, Ind.

Pneumonia, as we have been able to view it the past year, has been attended with lamentable fatalities.

Pneumonia or inflammation of the lungs includes acute lobar pneumonia as well as various forms of atypical and broncho-pneumonia.

In its ordinary form it has been a disease little to be dreaded in my personal experience.

One authority, in describing pneumonia, says: "Acute lobar pneumonia is due to infection by the pneumococcus, usually runs a rapid course, and is characterized by a diffuse exudative inflammation of a large part of one or more lobes of the lungs. Broncho-pneumonia, on the contrary, may be due to a variety of bacteria, but is usually associated with staphylococcus. Most cases of pneumonia which follow or complicate contagious diseases are due to streptococcus or infectious pneumonia." We no doubt noticed this characterization of the disease in our recent endemic influenza. Possibly there is not much question as to the streptococcus infection in the pneumonias following an epidemic of measles in either civil or military life.

I have noticed, however, in our own community that if we had pneumonia to contend with it is more likely to come along with a break-up in the weather after a long cold spell of some weeks.

It is as well sometimes to record failures as to tell of all of our successes. In October of 1918, with our first outbreak of influenza, I lost four cases. One large woman, who had been sick for six days without medical attention and who was in a dying condition when first seen, with both lungs seriously involved, died within twenty-four hours. Another lady, who had been sick for three weeks when I was called, had developed pneumonia with some mental disturbance and was pregnant two or three months, died despite the efforts of three physicians.

A man weighing 250 pounds was taken sick on Monday. Thursday he sat up in bed feeling fine, when seen in the

afternoon, and died before daylight the next morning. When called in the afterpart of the night I think I never heard such a churning of mucus in a pair of lungs as was demonstrated in his.

The other case was a child with pneumonia following influenza, and the only case where I thought there was a fair fight and lost. During the busy months that followed I did not lose a case.

I feel quite proud of my January and February record because one lady 76 years old, with double pneumonia, got well after three physicians who were called in said she would die and for me to make her as comfortable as possible while she lived.

During all those trying times I pinned my faith to and swore by asclepias and bryonia. For a sedative veratrum and aconite or gelsemium was given. In some cases where there was an involvement of lung tissue the undertaker was defeated by the timely use of subculoyd lobelia hypodermically. In other cases, where the breathing became very difficult ,there was great relief experienced by inhaling a small amount of ether. This was used in either child or adult.

In some cases when we thought the patient nicely convalescing a pleurisy of the most severe type developed, and by reason of the already weakened condition there was a hard fight to maintain the vitality of the patient.

Years ago Prof. A. J. Howe advocated the onion poultice over the seat of pain in pleurisy, and while many of our medical men smile at the mention of a poultice today, I have not so far forgotten my early teachings as to eliminate external applications from my method of treatment. Because I am treating pneumonia is no reason why I should confine myself to certain remedies. While I spoke so highly of asclepias and bryonia, there are conditions frequently presenting themselves that call for other remedies. I pride myself somewhat on being resourceful enough to have such remedies to fall back on. One of these remedies I regard highly is berberis aquefolium.

When there is a catarrhal condition of the nose or throat berberis acts splendidly. Certain other conditions will call for collinsonia; a croupy condition will call for stillingia or some form of the calcium iodide.

Many remedies might be cited and indications for their use given, but to the man who knows his specific diagnosis and medication further admonition would be superfluous.

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The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

JOY IN LIVING

Once upon a time three fairy godmothers held a consultation over the cradle of a sleeping infant. They had the power to bestow upon this child one supreme blessing, and the object of the meeting was to decide what it should be. The first proposed that it should be great physical beauty; the second proposed that it should be great wealth; and the third proposed that it should be joy of living. The advantages and disadvantages of each proposition were fully discussed and carefully weighed, each contending for her own idea. However, eventually they were of one mind, the conclusion being that joy in living was the supreme blessing. Needless to say, the writer is in hearty accord with the judgment of such eminent authorities.

Assuming that joy in living is the most important asset in life, the proper method to obtain it becomes of immediate personal interest to each and all of us. Also, those of us who by accident or design happen to be medical men have an additional interest in the matter. For that person who

is sick unto death, or only seasick for that matter, certainly does not experience any joy in living. Some there be who can successfully pretend to be happy while suffering physical pain, but the most of us carry a grouch and glory in it. On the other hand, he who is without physical discomfort ought to be happy, and he usually is. A happy child is a well child; a peevish child is a sick child. And we are all children still, in some degree.

As Medical men we have a scientific interest in the treatment of disease; and in so far as we succeed, we help to secure for our patients that supreme blessing—joy in living.

TREATMENT OF LEPROSY WITH THE DEAN DERIVATIVES OF CHAULMOOGRA OIL

Apparent Cure in Seventy-eight Cases

J. T. McDonald, A.M., M.D.

Director, Leprosy Investigation Station, United States Public Health Service; Superintending Physician, Kalihi Hospital, Honolulu, H. I.

The Leprosy Investigation Station of the U. S. Public Health Service was authorized by act of Congress in 1905, and established in Honolulu and on Molokai, Hawaii, in 1906. The four principal scientists who successively resided and worked here were Brinckerhoff, Currie, McCoy and Clegg. By a strange fatality, three of those young men are dead—one of pneumonia and two of nephritis. The fourth, Dr. George W. McCoy, is now director of the Hygienic Laboratory in Washington. Those were the pioneers in modern leprosy research in these islands, where the disease has been endemic more than half a century, although now certainly on the decline. Their work was essentially fundamental and was pursued under many difficulties, not the least of which were the prejudices and suspicions of the leper patients themselves. In the course of time, however, those fears of "experimenting" were completely overcome.

Their earlier studies embraced a variety of topics, as shown by their papers, thirty-three in all, published by the government from time to time in a series of bulletins with the general title of "Studies Upon Leprosy." In several of these studies, some creditable assistance in collaboration was rendered by Drs. Moore, Wayson, Reinecke, Hollmann and Goodhue in the chronological order named. During the period

of the war, however, no scientific papers from this station could be published, the government printing office being occupied to capacity with special war work.

Kalihi Hospital

Kalihi Hospital, with 150 beds, occupying a compound of more than five acres, owned, equipped and maintained by the Hawaiian Territorial Board of Health, is situated on Kalihi Bay, three or four miles from the business center of Honolulu. Adjoining it are the laboratories, library, offices, etc., of the Leprosy Investigation Station of the U. S. Public Health Service.

Leprosy patients brought to this hospital from all parts of the territory are entitled to a stay of at least six months for treatment, and longer if they show marked improvement, before being either paroled or transferred to the settlement, 50 miles away on the island of Molokai. For several years past, by an amicable arrangement between the bureau at Washington and the Board of Health, the director of the investigation station has had charge of the medical treatment of the patients in the hospital. At present we have 117 patients—53 male and 64 female. The eldest is 62 years, the youngest 7, the average age being 22 years. We have twenty-four under 15 years of age. In no equal period of time in the whole history of compulsory legal segregation in Hawaii have we had so many voluntary surrenders as in the last year or two. They know they have leprosy, and instead of hiding, as formerly, they come and ask for admission and treatment, even waiving their legal rights for a special examining board.

Chaulmoogra Oil

This station has arrived at the conclusion that the nearest approach to a specific for leprosy lies in chaulmoogra oil, known also as oil of gynocardium. This opinion seems now to be shared quite generally by other workers also. The oil has been used in the disease for many years and is obtained chiefly from India, expressed cold from the nuts of a native tree of several closely related varieties ,the best being Taraktogenos kurzii. It was formerly used here in its crude state, often with some beneficial results. Attempts at this station to modify it by combining with it various drugs, such as camphor, resorcin, iodin and guaiacol, resulted in a measure of success that has since been described, and gave encouragement to the idea that a most valuable curative agent or

active principle was there appealing to chemistry for its isolation or, at least, its identification.

In 1918, this station invited and fortunately secured, as college research work, the collaboration of Dr. A. L. Dean, president of the University of Hawaii, himself an expert chemist, who soon became intensely interested in the fascinating problem of extending the researches of Power and his co-workers into the field of therapeutics, and their practical application to the treatment of our patients in Kalihi Hospital. Power had shown that the chaulmoogric fatty acids series, chief of which are chaulmoogric acid and hydnocarpic acid, contain two unique properties: (1) They are optically active, rotating the plane of polarized light to a notable degree, and (2) their atoms are arranged in a closed five carbon ring nucleus entirely different from any other known fatty acids. Here was an interesting and promising clue.

Dean originally separated the oil into four fatty acid fractions and then, on account of their insolubility, converted them into their ethyl esters, thus obtaining thinly fluid oils readily absorbable from intramuscular injection. The laboratory technic by which he effected this he has detailed elsewhere, and it need not be repeated here. A group of patients was placed on each of these, but after several months' trial, all doing equally well, the separation into fractions was abandoned in 1919, after we were convinced that the therapeutic agent was inherent in the entire fatty acid series rather than in any separated fraction, and also that its virtue remained unimpaired by any of the chemical or physical operations to which it had been subjected, such as its treatment with acid, alkali, alcohol, lead acetate, etc., or even the use of more than 200 degrees centigrade of heat. At the same time we also entirely abandoned the Currie and Hollmann crude oil mixture for the new Dean derivatives.

Standard treatment then for weekly intramuscular injection became, and still continues to be, the ethyl esters of the entire fatty acids of the whole oil with 2 per cent. of iodin by weight chemically combined, the dosage of which begins with 1 c.c. and is increased by 1 c.c. at every second or third injection until we reach from 2 to 6 cc., according to the age and weight of the patient. Internally, patients receive in capsule form the mixed fatty acids carrying 2.5 per cent. iodin in chemical combination; the fatty acids, rather than their ethyl esters, because they better conform to the normal digestive process which precedes fat absorption; we are therefore using by mouth a pre-digested oil or fat which is semi-

solid at room temperature, and, in capsule, very easy to take. Its dosage begins with one-sixth gm. per hundred pounds of the patient's weight, three times a day, an hour or two after meals. This is gradually increased every two weeks until the maximum of 1 gm. per hundred pounds of weight per dose is reached. Of these two forms of administration, we have gradually come to regard the injection as the vastly more important of the two. In fact, we had ten patients on injections alone for several months, and they seemed to do as well as those who took both injections and capsules. It should be said for the fatty acids, however, that we consider them the most efficient form of the oil ever devised for internal use. We go for weeks at a time without a single complaint of digestive disturbance. We are sometimes asked why we add the iodin, but confess that we find ourselves unable to furnish an especially substantial defensive reason. It was used by our predecessors here, as also by others elsewhere, and was considered decidedly beneficial; it has an old and respectable reputation for effecting catabolic or retrograde metabolism, with a tendency to promote in the economy the absorption of inflammatory and hyperplastic products. Then, too, the fatty acids of chaulmoogra oil are unsaturated acids and therefore capable of taking up iodin to form chemical compounds having none of the irritating properties of free iodin. And yet, we suspect we could well do without it. We have at present five patients on the ethyl esters of pure chaulmoogric acid and five on those of pure hydnocarpic acid without any iodin at all, and all ten seem to be doing as well as the others.

A valuable and timely contribution to the chemo-therapeutics of chaulmoogra oil is that of Walker and Sweeney of the Hooper Foundation, proving conclusively what was foreshadowed by Dean, that the bactericidal agent, a hundred times more active than phenol (carbolic acid) in the effective destruction of the lepra bacillus, is no other than that same unique five carbon ring molecule in the structure of the chaulmoogra acid series. Thus have those skilled investigators absolutely proved by laboratory methods in vitro what I have been empirically demonstrating in vivo at this station for the last two years with the Dean derivatives.

Injections

Preparatory to injections, we sterilize syringes, needles, etc., for from thirty minutes to one hour by 15 pounds of steam in the autoclave. The site chosen is the upper and outer

quadrant of the gluteal region, and a spot for the puncture is painted with tincture of iodin. We employ a 20 c.c. all-glass Paris syringe and ordinary antitoxin needles, one for each patient, inserted its full length to reach the musculature. While there have been reported from other sources rather frequent abscess formation as derogatory to intramuscular injection, I am happy to state that in 6,924 deep injections administered by me from October 1, 1918, to the present time, I have had but one case of resulting abscess.

Leprosy Fever and Eruptions

A problem which confronts every worker in leprosy is that in connection with a group of symptoms known as leprosy fever. It is recognized and described by the authorities in all hospitals in endemic centers, but it is not very common. Since October 1, 1918, in a total of 235 patients under our care, we have had but twenty-one cases, or less than 9 per cent., of greater or less severity. It would seem that it occurs only in those under treatment. Our house superintendent, Mrs. Clinton, who speaks Hawaiian fluently, has made many inquiries of the more observant and intelligent of our patients, and has been unable to find a single instance of its appearance before their entrance to the hospital. Although it has in its peculiar manifestations every symptom of a sudden and malignant exacerbation of leprosy, it gives us no discouragement whatever, as we have learned by experience that the patient not only sooner or later recovers from his acute illness, but shows a remarkably improved condition and a far more active progress toward recovery than before.

The attack is ushered in usually by chilliness, headache, loss of appetite, etc., while the temperature rises a degree or two and sometimes reaches 40 C., with daily remissions which occur rather irregularly. As a rule, the patient is decidedly ill and is entirely willing to remain in bed; there are others again who are on hand in the dining room for every meal and are not very sick. But the most striking feature of the attack is that within from twenty-four hours to two or three days there appear, usually on the face, forearms and hands, but sometimes elsewhere, a number of well-defined, circumscribed eruptions, usually irregularly circular, dull red, and raised from the level of the surrounding skin, thickest in the center, and hot and evidently more or less tender to the touch. They differ in size from that of a dime or less up to that of the palm of the hand or larger. As a rule, the eruptions begin slowly to recede soon after their

maximum intensity has been reached, the patient gradually regaining his former status within two or three weeks. We have, however, attacks in all degrees of duration, of severity and of eruption. As to the character of the lesions, in spite of their close resemblance to the original leprosy nodes, I am of the opinion that they are not real nodules. It has been our experience that it is exceptional rather than the rule to find them containing the bacilli of leprosy, which we find in myriads in the slowly growing and slowly receding original nodules. Dyer calls the outbreak papular leprosy, and says:

"In the various exacerbations of leprosy, particularly when the lesions begin to break down, when the toxins are liberated, or the masses of dead bacilli are sent into the circulation, there is frequently a rise of temperature, producing the 'fever of leprosy,' now regarded as an entity. With this process, a general eruption of lenticular papules appears. This is the only form of papular leprosy so far known, and it is questionable if it may properly be called papular leprosy, as the papule is really only an evanescent exanthem, disappearing with the defervescence of the attack. The papules are free of organisms and are purely exudative in type, inflammatory and hyperesthetic if the sensation is disturbed at all."

The etiology underlying the phenomenon of leprosy fever has been made the subject of considerable attention and study of late, and so far there is considerable unanimity of opinion that it is a sort of toxemia produced by the liberation into the lymph and blood streams of an excess of toxins produced by the bacilli which the body, temporarily at least, is not provided with sufficient antitoxin to meet and successfully combat; in other words, that the balance between toxin and antitoxin is for the time being seriously disturbed.

Beaded Bacilli

A subject of growing interest concerns the changes observed in the lepra bacilli during the course of our treatment. A bacteriologic slide made from a new patient discloses myriads of well-defined bacilli of even, homogeneous stain and of practically even length; in a word, there is scarcely any morphologic difference between the individual bacilli in a microscopic field. In striking contrast to the foregoing is the appearance presented by a specimen obtained from a patient who has for several months been under our intensive treatment with the Dean derivatives. Here we find the greater portion of the bacilli to have undergone a distinctive change

which causes them to take the stain only in segments, the bacillus becoming simply a row of bright red dots. When a mass of them are crowded together as in the so-called lepra-cell, there is a characteristic granular appearance in which the rodlike aspects are entirely lost, and so we have become accustomed to record such findings as "b. and g."—beaded and granular.

This phenomenon has been observed in tuberculosis as well, having, it is said, been first described by Koch and named by him moniliform—like a string of beads. Later on, after additional months of treatment, they nearly cease to be acid fast and present in a microscopic field not a single normal bacillus, such findings being regularly recorded by us as "b. d. o.," meaning bacillary detritus only. Row of the Peel Island Lazaret, Australia, who obtained highly gratifying results with guaiacol, referring to beaded bacilli in an article published in 1909 says:

"How they are destroyed, I am not yet in a position to state definitely, but I am of opinion at present that such destruction is brought about by the removal of their fatty envelop by chemical action. Specimens taken from lepromata that are being absorbed under this treatment reveal the fact that the bacilli contained therein gradually lose their power of retaining the fuchsin stain, when treated with dilute mineral acids, and by examining fresh specimens at regular intervals it can be seen that the number of unevenly stained bacilli increase in proportion to the normally stained ones as absorption progresses, until at last the bacilli disappear altogether."

Sir Leonard Rogers also at the recent Calcutta Leprosy Conference referred to the "active destruction of the innumerable bacilli in the lesions . . . until only a few granules of broken-down bacilli remained which ultimately disappeared in favorable cases."

Professor Froilano de Mello of Nova Goa, Portuguese India, has also had about a dozen cases under treatment with marked amelioration and two cures. The interesting part of his paper, in this connection, is that in a series of five cases he counted the bacilli in a hundred microscopic fields to ascertain the relative numbers of the whole or homogeneous bacilli and those of the beaded and broken ones, half of the tests being made before the patients began treatment at all, the other half at the end of six months of treatment. This meritorious work, which he justly calls hard and wearisome (le dur et ennuyeux travail), he accredits to his assist-

ant, M. Loreto de Sousa; this is undoubtedly the first record of its having been done in leprosy. As to the results of the counting, his figures all show a marked diminution in the number of the "homogenes" and in the disappearance of his "moniliformes," in one case the former being reduced in the six months from 2,236 to 675, the latter from 1,113 to 301.

In all of the earlier cases coming to Kalihi Hospital, it is the rule not to find any instances of the beaded and granular. When we do find them now and then our interpretation of it is that Nature has begun the effort, feeble though it may be, to establish a defense. It is my opinion that the authors who refer to these forms of "dead bacilli" are correct. Certain it is that along with and in proportion to the amelioration of the clinical symptoms of our patients under our bactericidal treatment, the foregoing changes in the bacilli regularly take place and they finally disappear altogether. It is as yet impossible to say at just what point in this process of beading and granulation the bacteria are no longer viable. But we believe that further investigation will show that at some point after the bacillus loses its rodlike character it is dead, and the further slow processes of disintegration are features of the removal of the nonliving detritus.

Neural Cases

It is a well-known but inexplicable fact that the bacillus of leprosy, on gaining admission to the human body, shows a decided predilection for two distinct sites, namely, the skin and the nervous system, the former type by long usage designated "tubercular" or "nodular," the latter "anesthetic," "nerve" or "neural" leprosy, while a combination of the two types has been termed "mixed." A still further interesting fact is that in the neural type, in the great majority of cases, it is the nerve trunks which send branches to the muscles of the forearm which are most involved. Of these, the ulnar is chiefly affected, the musculospiral and median being less often attacked. The result of this is that the forearm muscles, including the flexors and extensors of the fingers, with their nerve supply impaired, begin gradually to atrophy and slowly to cease to function until the patient partially or completely loses the use of one or both hands by permanent retraction and contraction of the fingers, often accompanied by extensive bone absorption of the phalanges, thus finally acquiring the main en griffe, or so-called "leper claw."

Next in order of frequency of attack comes the trifacial, resulting in partial paralysis of the orbicularis palpebrarum

or orbicularis oris, or both, as well as several of the other muscles of facial expression. The peroneal and its branches are also frequently invaded, producing in the feet and toes deformities corresponding somewhat to those of the hands and fingers, but perhaps in less degree. Included here also are the plantar pedis, or trophic ulcers of the soles of the feet, so frequently encountered. The sweeping statement that the nasal mucous membrane in a great majority of cases is the site of the initial lesion of leprosy has not been confirmed by other observers. Brinckerhoff, at this station in 1909, conducted a thorough and exhaustive study of the subject and concluded that "the examination of the nasal septum and the nasal secretions is not of dominant value in confirming a diagnosis of leprosy in the early states of the disease."

It will thus be seen that in these purely neural cases it is frequently impracticable to demonstrate the bacilli, as they are deeply seated in the nerve trunks where they have been repeatedly found in abundance in necropsy. On this account it has often been maintained that it is unnecessary to segregate this type of patients on the assumption that they are not a menace to the public health, the probability of their imparting the disease to others being reduced to the lowest minimum. But this is only an assumption unsubstantiated by proof. We know from the clinical symptoms that these patients have leprosy, but we do not know yet how the bacillus is transferred from the diseased to the healthy individual, nor do we know how soon the purely anesthetic may change to a mixed type. We have recently had a striking illustration of this:

About a year ago the leprosy officer brought in a boy, aged 13, with both hands nearly ruined, all fingers being shortened to less than half the normal length and greatly deformed. Not another stigma was to be found on the entire body, and the bacillus could not be demonstrated. The majority of the examining board decided against detaining him as not being a menace to the public health. A few weeks ago, after an interval of more than eleven months, the parents returned him to us begging that he be taken in, waiving their legal rights to another examining board. The change in the boy was startling. The case in the interim had taken on the nodular type, involving nearly the entire face with myriads of bacilli easily demonstrable, and general skin lesions scattered over the whole body.

A Hospital Treatment

Leprosy is such a slow, chronic disease, so insidious and

sluggish in its attack, and heretofore at least, so stubbornly rebellious to therapy, that it taxes all the powers of patience and courage both of its victim and his medical attendant. Advantage has to be taken of every helpful measure for the maintenance of a steady, persistent and unflagging course of treatment which knows no faltering and no discouragement. As Dyer has aptly said, "Above all things individualize the patient; watch for improvement. If it does not show in three months, wait six months; wait a year, or longer. Keep on driving at the treatment until the patient dies or gets well." And the only place for carrying out this eminently wise and sound advice is a leprosy hospital, and best of all, one like ours, maintained by the state, backed by a wholesome segregation law which precludes quitting and going home on the whim of the patient, as now obtains in asylums in the Orient.

We receive letters from all over the world from individual patients asking for some of our remedies to "try," but our reply is that they are still in the experimental stage and not yet commercially available; that they constitute essentially a hospital treatment exclusively, where the patient is under constant observation and control; that they do not properly lend themselves to the practice even of the family physician; and that for self-administration they are absolutely impossible.

There is a wonderful power in association. A group of fellow leprosy hospital patients forget all about the prejudice and horror with which the outside world regarded them. Here, one is as good as another and no one is sensitive about his or her appearance, and they lead a far more happy and contented life than they possibly could outside. They watch each other, compare notes, see the old-timers getting paroled out; they see some improving more rapidly even if their own case is rather slow, so they go patiently on, whereas an isolated patient would get discouraged, give the treatment a black eye, and abandon it. An attack of leprosy fever which often confines them to bed for several days, our patients endure with the greatest fortitude, because they have learned from observing fellow patients that when they get over that flare-up they will be better than before. A private patient would say that his physician was poisoning him and would quit. Then, too, the material itself can be made only by experts in a well-equipped laboratory. Both Dr. Dean and Prof. Richard Wrenshall, head of the chemistry teaching staff, both of them Ph.D.'s of Yale in physiologic chemistry, have given months of intense study and enthusiastic experiment to it and have even procured special and costly apparatus

for its manufacture. And yet I have had parties write to me for the prescription to have it made at the corner drug store.

It should therefore be distinctly understood and appreciated that our system of treatment here is one that cannot in its present stage of development be doled out indiscriminately at any price to isolated and private patients.

Results

Since Oct. 1, 1918, there have passed the scrutiny of examining boards appointed by the Territorial Board of Health and been paroled as no longer a menace to the public health seventy-eight patients, not one of whom has thus far shown the first sign of recurrence. The dates of their release and numbers in each group have been: Dec. 24, 1918, four; Feb. 13, 1919, thirteen; Aug. 12, three; Nov. 12, twenty-eight; July 6, 1920, thirty. There were thirty-six males and forty-two females. Their average age on admission was 23½ years; there were forty-nine of the nodular type, twenty-four of the anesthetic or neural, and five of the mixed; fifty-five were bacteriologically positive on admission, and twenty-three negative; their average stay in the hospital under treatment was fifteen months.

Comment

It should be stated that there is a widespread notion that the leprosy law of Hawaii, of which Brinckerhoff himself was one of the framers, reads that the Hansen bacillus must be demonstrated to establish a diagnosis; this, however, is an error; the law simply leaves the diagnosis to the judgment and opinion of a medical examining board. In 1903, I said: "The microscope is the supreme agent of the final diagnosis of leprosy. No patient should be committed to a segregated colony without a bacteriologic demonstration of the disease." With a more mature experience, I have been obliged to modify this view. Leprosy was an established clinical entity ages before its causative bacterium was discovered. As I have shown above, in many unmistakable nerve cases its detection is altogether impracticable. Experts in tuberculosis often make absolutely definite diagnoses long before a single bacillus can be found in the sputum. In doubtful cases of both diseases, however, the finding of bacilli is of course of the greatest diagnostic value.

Again, a greatly overworked symptom is the "bacteriologically negative" finding of authors reporting leprosy cures, as though a selected snip were a sample of the patient's skin,

just as a sample of a few cubic centimeters in a test tube determines the presence or absence of an albuminuria. A hundred skin tests might be made from old lesions without finding a single bacillus, because not one of the tests happened to be applied to a point at which any of those few remaining bacilli lay. Of infinitely greater value is, for instance, the finding on the site of a pre-existing nodule of a group of bacillary detritus which can be studied and which can give positive and definite information of the patient's status, whether there are any whole bacilli remaining or whether they are all broken and disorganized and scarcely able longer to retain the carbolfuchsin stain and, in a word, are destroyed and dead. Here, one has something definite on which to base a decisive opinion; finding nothing leaves one still in doubt and in the dark. A 14-year-old girl under our treatment for many months was one of our recent prospective parolers, the nodules on her face, the part originally chiefly affected, having entirely disappeared, leaving not even a stain. One, especially prominent on entrance, was on the right ala nasi, and from here a test slide was made. To our great surprise there were found here and there, among the debris of former bacilli, entirely healthy appearing ones of even stain and normal contour. Her name had to be taken from the list in spite of a disappointed mother in tears outside the gate. The child will remain some months longer, but will undoubtedly gain her parole in due time. Three others, adults, were stricken from our list for similar reasons. No one is ever recommended to the board for parole until we are convinced from a careful study of all physical signs and symptoms that the disease is absolutely arrested.

—Jour. A. M. A.

NEWS ITEMS

Dr. E. L. Smythe, Bremerton, Washington, is in Los Angeles for the purpose of taking a few months of post graduate work.

Dr. M. A. Welbourn has located at 1645 La Brea Avenue, Hollywood, California.

Dr. Kellingham, a former Californian but now president of the American Apothecaries Co. of New York, was in Los Angeles last month.

DIED: Dr. John C. Stout, Oakland, California, graduate of the American Medical College, St. Louis, 1878, died January 7, 1921, aged 74, of cerebral hemorrhage.

The California Eclectic Medical Journal

Vol. XLII APRIL, 1921 No. 4

:: Original Contributions ::

BASAL METABOLISM

Dr. M. A. Welbourn, Hollywood, California

In the last few years marked advances have been made in the accurate determination of gaseous metabolism in the human Through the work of such men as Atwater, Rosa, Benedict, Lusk and Du Bois, Peabody, Boothby, Means and McCaskey the basal metabolism, or the metabolism of the fasting body in the resting state, has been placed on a firm basis so that now it can be quickly and accurately determined by measuring the oxygen consumption.

The value of these studies of the metabolism in differential diagnosis and after care, be they medical or surgical cases, is being increasingly emphasized by papers from the various clinics and private physicians all over the country.

"Metabolism" as defined by Du Bois[1] includes the absorption of foods, their oxidation and transformation into body constituents, and also the later oxidation of these tissues. Such are the energy exchanges of the body, taking place with the consumption of oxygen and the formation of carbon dioxide, these gases being carried to and from the blood by means of the respiratory apparatus (of the human system).

It has been demonstrated by many observers that the normal basal metabolism is a fairly constant affair and hence wide variations from it in disease are of interest to the clinican. Means[2].

A marked rise is seen in hyperthyroidism, while a marked fall takes place in hypothyroidism. Between these wide variations which take place in the severe cases there is a large series of cases of mild variations which may be confused with hysteria, neurasthenia, syphilis, tuberculosis, etc. Also a series in which hypothyroidism is found in association with other conditions, such as acute tonsillar infection, tuberculosis, syphilis, diabetes, etc., and still another series of cases

where the condition found simulates thyroid disturbances, but still the metabolism is unchanged. McCaskey[3] has recently called attention to these two latter groups.

Else[4] found that the basal metabolism is of great help in judging of the toxicity of goiters and in tumors of the thyroid the basal metabolism seems to vary directly with the influence of the tumor upon the secretion.

Means[2] says the basal metabolism has proven to be the index for the severity of hyperthyroidism and becomes a quanitative means for following the course of treatment. Cases of marked obesity may have normal metabolic rates, but when a reduction was found in obese patients there was also clinical evidence of defective internal glandular secretions.

Tompkins, Buttingham and Dunker[5] observed that the metabolism in pernicious anaemia before treatment might be within normal limits, or slightly above or below. After transfusion it reaches normal or a slightly diminished level.

Peabody, Meyer and Du Bois[6] found no increase in metabolism in patients with compensated cardiac lesions. Patients with cardiac disease manifesting dyspnoea frequently showed a rise of metabolism to 25—50 per cent above the normal. Cases of gout, Wentworth and McClure[7], and haemochromatosis, McClure[8], have been investigated and found to have normal metabolism.

McCaskey says, "So far as I am concerned, this procedure has passed the experimental stage and has been assigned its place in my diagnostic armamentarium by the side of the roentgen ray, the electrocardiograph, serology, colorimetry, clinical chemistry, etc., to be used as occasion requires. While its precise limitations and scope will, of course, be more clearly defined with larger experience, and especially with fuller knowledge of the endocrinopathies, the attainment of which will be greatly stimulated by its use, the information which it gives in certain cases appears to me indispensable, and can not be otherwise accurately obtained."

Bibliography

[1] "The Basal Energy Requirements of Man," by Dr. Eugene F. Du Bois, The Journal of the Washington Academy of Sciences, June 4, 1916.

[2] "Studies of the Basal Metabolism in Disease and Their Importance in Clinical Medicine," by James H. Means, Boston Medical and Surgical Journal, June 15, 1916.

[3] "Basal Metabolism Determinations in General Internal Diagnosis," by Dr. G. W. McCaskey, Jour. of A. M. A., April 3, 1920.

[4] J. Earl Else, Northwest Medicine, July, 1920.

[5] "The Basal Metabolism with Especial Reference to the Effect of Blood Transfusion on the Metabolism in Pernicious Anaemia." E. H. Tompkins, H. H. Buttingham, and C. K. Dunker, Archives of Internal Medicine, April, 1919, Vol. xxiii, pp. 441-454.

[6] "The Basal Metabolis mof Patients with Cardiac and Renal Disease," F. W. Peabody, A. L. Meyer and E. F. Du Bois, Archives of Int. Medicine, June, 1916. Vol XVII, Part 2, pp. 980-1009.

[7] "Studies on the Metabolism in Gout," J. A. Wentworth and C. W. McClure, Archives of Internal Medicine, Jan. 1918, Vol. XXI, pp. 94-92.

[8] "Metabolism in a Case of Hemochromatosis," C. W. McClure, Archives of Internal Medicine, Nov., 1918, Vol. XVII, pp. 610-616.

SPECIFIC MEDICINE APIS

H. Ford Scudder, M. D

Specific Indications: "Itching, with burning of any part."

Apis mellifica has a specific influence upon the urinary apparatus, removing irritation of the urinary organs. In large doses it acts as a stimulant and renal eliminant, and is a valuable and dependable remedy in both retention and suppression of urine. It is especially beneficial in the retention of urine in children or elderly people, due to an enfeebled or atonic condition. In all cases of irritable bladder, with burning, stinging pain in bladder or urethra, constant desire to urinate, with inability to urinate freely, urine high colored or bloody, Apis is a prompt and efficient remedy. Use it on the same conditions in diseases of women, especially with burning, stinging and itching about the labia.

The stimulating action of Apis upon the kidneys has led to its frequent use in dropsical effusions, to restore normal renal action. It has been highly recommended for the dropsy following scarlet fever due to renal engorgement, and for all forms of dropsy that appear suddenly. I use Apis in any form of edema where there is smarting, stinging, burning and itching of the parts. Use it in conjunctivitis, with smarting, burning and itching of the eyelids and edema of the surrounding tissues. It is a good agent for effusion following peritonitis or pleuritis, and is called for in certain inflammatory conditions of the throat. For edematous swelling in the throat, sometimes involving the submucous tissues, there is no surer remedy than Specific Medicine Apis. Edema of the glottis, of the pillars of the fauces or of the soft palate, quickly yields to its influence. The preparation I invariably use is the Specific Medicine Apis, **small doses for irritation, and large doses for dropsical condition.**

Apis is a favorite remedy in skin affections characterized by severe itching and burning, stinging pain, especially with an involvement of the subcutaneous tissue, with puffiness and a burning pain, like the sting of a bee. For simple urticaria with extreme soreness and itching, and for erfsipelas and rough red rashes of the skin, with burning, stinging pain, there is no more certain remedy than Apis. **"Most troubles that can be relieved by Apis are made worse by heat, and are relieved by cold applications." (Fearn.)**

SPECIFIC MEDICINE PASSIFLORA

H. Ford Scudder, M. D.

Specific Indications: "Irritation of brain and nervous sys-

tem; in fact, wherever a harmless and certain soporific is demanded."

Passiflora incarnata not only relieves the irritation of the nervous system and promotes sleep, but it also possesses a marked tonic effect that is permanent in character, upon the circulation and innervation. It is absolutely harmless in its action, with no objectionable after effects, and the sleep it induces is profound, restful and natural. For general insomnia, use the Specific Medicine in hot water, in doses of twenty to thirty drops, frequently repeated. It is especially effective in the restlessness and wakefulness of children and elderly people, and for insomnia due to overwork or severe mental strain. It is valuable for a low, muttering delirium, the delirium of typhoid or low grade fevers.

Passiflora is employed with much benefit to correct certain forms of nervousness, wakefulness and nervous irritation, caused by over-excitement, prolonged illness or nervous irritability from reflex disturbance, but **not** in cases where the nervous irritation is caused by pain. It is one of the best remedies we have for nervous irritability due to reflex disturbances of the sexual organs, and for the chain of nervous symptoms manifested in women at the menopause. Combined with Specific Medicine Gelsemium, it exerts a quieting influence in dysmenorrhea and ovarian neuralgia. Use it where the patient is wakeful, agitated, alert, worried, with marked cerebral excitement and tendency to convulsive movements.

In the treatment of convulsions of children, Specific Medicine Passiflora is a most dependable remedy. Here it may be given freely, as it has been proven absolutely harmless, and it possesses marked antispasmodic properties. Until the convulsions cease, use the Specific Medicine in doses of from twenty to thirty drops, every half hour to one hour. Given early, **it** will control severe spasms while the irritating causes are being removed. In infantile convulsions, we frequently combine it with Specific Medicine Rhus tox. When used freely in large doses in epilepsy, Passiflora lessens the number of the paroxysms. For the spasms of meningitis, and also for tetanus, large doses of the Specific Medicine Passiflora are highly recommended.

FRACTURE OF THE SEVENTH CERVICAL VERTEBRA

O. C. Welbourn, A. M., M. D., Los Angeles

(Read before the California State Eclectic Medical Society)

This injury is characterized by increased mobility and de-

creased motility of the head in relation to the trunk, a condition of affairs which is so obvious that the bystanders at once endeavor to place the patient in such patient as to lessen the probability of further damage. The resultant paralysis is usually instantaneous, but if the immediate damage to the cord be not extreme this may be delayed several hours and develop gradually. The paralysis involves both motor and sensory nerves and in my experience has been equally bilateral. All parts which are supplied by nerves which originate from roots having their exit from the spinal canal below the seventh cervical vertebra, are dead. The line of demarcation between the living and the dead is sharply defined and by careful examination may be accurately delineated. By reason of the minute terminal division of the sensory nerves the hands afford the most striking demonstration. The little finger and the ulnar side of the fourth finger together with more or less of its tip will be found to be insensible, while the remainder of the hand remains normal, i. e., normal in consonance with the patient's mental activities. The demarkation is further shown by a hypersensitive line varying in width in accordance with the minuteness of the terminal nerve division. For instance, on the hands it is narrow while in the back it is wide. The sympathetic nerves remain unaffected except through association with the spinal nerves.

Fracture of any cervical spinal vertebra is a grave injury and the prognosis unfavorable. In the majority of cases death follows within a few minutes, and a differential diagnosis as to which vertebra is broken becomes impossible without a post-mortem dissection. Of those cases of fracture of the cervical vertebra whom I have personally examined and made an accurate diagnosis before death, three have been fractures of the seventh cervical vertebra, and a brief resume of their respective histories may be interesting.

Mr. A., a grocer, 40 (?) years of age, shot twice by a burglar with a 38-caliber revolver. One bullet—probably the first —entered anterior chest towards the shoulder and lodged under the scapula. Another entered anterior neck, just above clavicle, and a little to the left of the median line and was removed from the posterior cervical region. The noise of the shots aroused the family and the patient was found unconscious. Consciousness did not return, although patient reacted to heat and cold, which assisted materially in establishing an accurate diagnosis. Death followed the injury in about six hours.

Mr. B., a farmer, 25 (?) yars of age. Shot his wife and then himself with a 32-caliber revolver. The bullet entered the anterior neck about one inch above the sternum and just to the left of the median line, and was removed from the posterior

cervical region. The patient was fully conscious, and his mental faculties remained unimpaired until just before death. At first there was no pain, later at the line of demarcation it became increasingly severe, requiring large doses of morphia. Death followed the injury in about nine hours.

Mr. C., a carpenter, 45 (?) years of age. Fell from a six-foot step ladder and was carried home unconscious. Under Christian Science treatment patient regained consciousness and said he was cured. However, paralysis remained, and as the days went by trouble developed with the kidneys and bowels, not to mention the usual bed sores. I saw the patient about four weeks after the injury. Patient stupid, almost comatose. However, the line of demarcation was located without difficulty. Patient's wife refused operation, much to my relief. Death followed the injury in about six weeks.

It will be noted that with each of the above patients the location of the paralysis is the same, though there was a marked variation in its influence upon the vital processes. However, death eventually followed, and it is difficult to conceive of a case in which the prognosis could be other than unfavorable.

IPECAC

J. C. Mitchell, Louisville, Ky.

Properties—Emetic, diaphoretic, expectorant, antispasmodic, hemostatic, stimulant, laxative, alterative, revulsive.

The action of this drug is most marked upon the pneumogastric nerve, influencing the organs under the control of this nerve. It is useful to relieve the irritation of the gastric and intestinal mucous membrane that results in diarrhea and dysentery. It will stop vomiting when the tongue is contracted, pointed, red and clean and moist or slick. Upon the other hand, we use it to cause vomiting when the tongue is broad, flabby, with a slimy, heavy coat, showing nasty, foul accumulations in the stomach. When given in a case like this, it relieves congestion, equalizes the circulation and cleans the stomach.

In congestion of the vocal cords or hoarseness, the use of five drops of ipecac in one ounce of water, as a spray or vapor, is usually attended with marked benefit. In cholera infantum, where we have the proper indications, the result is all that could be asked. These are the cases where a small, frequently-repeated dose for its direct effect so beautifully illustrates the foundation stone of Eclecticism. In these bowel troubles of teething children, where the face and tongue are pale, pain in abdomen, we combine nux and ipecac with excellent results. If fever is present, aconite is called for.

With nervousness we would use matricaria. If any tendency to spasms is present, gelsemium will give excellent results. If the stools are offensive, green and bloody, the intestinal antiseptics are called for.

When ipecac is exhibited in properly selected cases of vomiting, it usually works like a charm. But often it is necessary to do more than give ipecac in small, frequently repeated doses. These cases are usually thirsty, and want to drink lots of water. If they are allowed to, just as soon as the water gets hot, up it comes, and you will get no results from your medication. Small pieces of ice will relieve the intense thirst, and help of itself to check the vociting.

In active hemorrhage from any source this remedy is useful. In hemoptysis it usually acts well. In irritation of the mucous membranes of the respiratory tract, this remedy is the first that we think of. If much fever accompanies the attack, aconite is exhibited with much good. The opaque mucus is the keynote in these troubles. Pneumonia, bronchitis, colds, diarrhea, dysentery—all are benefited by the use of this drug, provided we have the indications.

Specific Indications—The keynote of this drug is **irritation.** Elongated, pointed tongue, with reddened tip and edges, nausea and vomiting, with clean, slick tongue; pain in the stomach, with white line around the mouth with thinning of tissues; acid eructations; dry, explosive, frequent cough, with scant expectoration; hypersecretion in the bronchioles; opaque secretions from any mucous membrane.

In combination with other drugs, this remedy forms many excellent compounds. Dover's powder is composed as follows: Ipecac, opium, aa1 part; milk sugar, 8 parts. Beach's diaphoretic powder is: Opium, grs. x; ipecac, grs. xx; camphor, grs. xl; potassium bitartrate, grs. clx. Emetic powder or compound lobelia powder is: Lobelia, dr. vi; blood root and skunk cabbage, aa dr. iii; ipecac, dr. iv, and capsicum, dr. i.

I want especially to speak of a personal experience with this drug. Last fall I developed a dry, explosive cough. This was exactly similar to that cough produced by pressure upon the trachea just in the supra-sternal notch. There seemed to be a rising pressure in the chest that would almost choke me. The cough would relieve some, and in a few minutes the same performanec would be repeated. Five drops of Lloyd's ipecac in half-glass of water, a teaspoonful every five minutes for three doses, stopped it. Next night the same thing occurred, with the same gratifying results. Then I fixed up the alcoholic solution and moistened homeopathic disks and took them for two days, with the result of curing it completely. This spring the same kind of a cough returned. Ipecac promptly cured it again.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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EUPHRASIA

The springtime with its changeable weather brings respiratory troubles. Of these a "cold in the head" makes the possessor feel exceedingly miserable. There are many different varieties of this disease and each patient is apt to have his own pet variety. Some have a profuse, watery, irritating discharge from the nasal passages, which produces a most annoying dermatitis. Some form of belladonna in physiological doses is the drug usually employed, but it has other and undesirable effects, notably on the eye. We have found Euphrasia fully as efficacious and with no untoward effects. The dose of the Specific Medicine is one drop frequently repeated. When a satisfactory degree of secretion is attained it should be given less often. A total suppression of the secretion is not desirable.

GELSEMIUM

This is a powerful drug and when used for non-specific effects it must be watched carefully. With the average adult

patient one dram of the Specific Medicine will produce the physiological effects. When given in such a dose it is a most reliable druk to "break up a cold." It should be given in one dose at bedtime and not repeated. Also to be effective it must be given at the very beginning of the disease.

CLIMATE IN RELATION TO THE TREATMENT OF TUBERCULOSIS

Edwin P. Kolb, M. D., Supt. Suffolk Sanatorium, Holtsville, N. Y.

(Read before the Associatd Physicians of Long Island Garden City, N. Y., October 23d, 1920)

Since at different times in the past 20 centuris writers have attributed specific virtues to certain climates or locations, a brief review of the subject of climate in relation to the treatment of Tuberculosis is pertinent.

The importance of climatic treatment for tuberculosis, a belief of the ancients, has survived the advent of scientific medicine. The value of certain climates in the treatment of this disease was emphasized by the ancient Greek and Roman, as well as the Medieval Arabic Physicians. Hippocrates advocated a sojourn in the mountains. Aretaeus recommended sailing and the air of the sea shore. Celsus advised a trip to Egypt. In more recent times, Laennec advocated a residence on the sea coast. He found that the air of the mountains did not agree with many of his patients and believed that those with whom it did agreè had only a small number of tubercles in the lungs. He said, "A residence by the sea side particularly in mild or temperate climates, is unquestionably the situation in which most consumptive patients have been known to recover. Indeed, I am convinced that we have no better means to oppose to this disease, than a sea voyage and residence on the sea coast in a mild climate."[1]

Most of the English and Continental Physicians of his time, were sending their tuberculous patients to the seacoast.

For a brief period in the first half of the 19th century, treatment in caves was advocated and it is said that hundreds of tuberculous individuals went to the Mammoth cave in Kentucky, with disastrous results. It can be seen that although climate was considered of greatest importance there was a difference of opinion as to the best climate for the consumptive.

It has been only within recent years that the value of climate

as a therapeutic measure in the treatment of tuberculosis has been relegated to its proper place, one of minor importance.

Osler[2] says in speaking of climatic treatment, "This after all is only a modification of the open air method. The requirements of a suitable climate are a pure atmosphere, an equable temperature not subject to rapid variations and a maximum amount of sunshine. Conditions which should influence the choice of a locality are good accommodations, good food, and the patient be under the care of a competent physician. When the disease is limited to an apex in a man of fairly good personal and family history, the chances are that he may fight a winning battle, if he lives in any climate, whether high, dry and cold, or low, moist and warm. With bilateral disease and cavity formation there is but little hope of permanent cure and mild or warm climates are preferable."

Lawrason Brown[3] of Saranac says, "The value of certain climates has in recent years been called into question and today rests upon personal belief and experience. Much has been written and little proved. There is no specific climate for pulmonary tuberculosis and climate alone is of little avail.. Without doubt many of the effects attributed to climate can be ascribed to change of climate. Change from a "good" to a "bad" climate often produces excellent results. In general patients in acute stages should be kept at home. Robust patients in subacute stages may be sent to any climate. Patients with advanced fibroid disease and delicate patients with subacute or chronic ulcerative disease need a climate of protection, neither too cold nor too high, but those in early stages will do well in almost any climate."

Fishberg[4] believes that change of environment is important irrespective of the kind of climate. He emphasizes the necessity of considering the economic aspects.

Dr. Fleck[5] of the Phipps Institute, Philadelphia ,says, "Climate of itself as a curative factor in tuberculosis has never been defined in so much as it eludes analysis. In the abstract it has been held of value but all that it has been possible to say for it is that people have gone away and gotten well. Many who stay at home recover, as well as many who go away. A well-to-do go-away recovers and attracts attention; a poor stay-at-home recovers and is unnoticed, or if noticed, is said not to have had tuberculosis. Spontaneous recoveries take place everywhere. We have no evidence that more take place i none climate than another. In climatic resorts tuberculosis subjects congregate, attract attention and are under observation; when a case recovers it is noted, but when a case goes

home to die, or is sent home in a coffin, no notice is taken of the matter. In home climates things are reversed. Tuberculous subjects are scattered through the community and attract very little attention except when they die. Recoveries are never noted but death always is. We have statistics of how many die but not of how many get well."

Dr. J. W. Flynn[6] of Prescott, Arizona, in an article on the subject of climate in a recent number of the American Review of tuberculosis, concludes that there is no specific climate for the treatment of tuberculosis. He says, "As between care (that is fresh air, good food, rest and competent medical attention) and climate, the latter must always continue to be a secondary consideration. In the least favorable climate, good care, provided the surroundings be the best obtainable, will produce much better results than the best known climate without this care. If the patient must choose between the two he should take care and let the climate go; but if he be so fortunate as to be able to have them both, his prospects of recovery are certainly brighter than they would be if he were compelled to depend on one alone."

Pottenger[7] in his chapter on climate, says, "Formerly climate was thought to be the chief factor in the treatment of tuberculosis. Today, however, we know that the most important factor in the treatment of tuberculosis is intelligent guidance. The great faith in climate which is still held by many is a remnant of the "let alone" policy of treating tuberculosis, rather than a carefully established fact." After going into details as to why the location of his own private sanatorium at Monrovia, Cal., is so desirable, he states, "While the discomfort and monotony to the patients would probably be greater in less favorable localities, yet the result would not differ as much as might be supposed."

E. S. Bullock[8] in a paper read before the National Tuberculosis Association in 1906 gives detailed reports of 148 cases to prove the value of the climate of Silver City. New Mexico, in the treatment of tuberculosis. He did not offer any proof that the results would not have been as good at some other locality. He makes the very significant explanation that inadequate finances or unfavorable temperament operated against the patient in 53.2% of the cases. He concludes his paper with the following amazing statement, "We should therefore have sent to our western institutions every case in which the patient may be expediently sent far from home." Four years later he wrote, "I must emphatically maintain that no consumptive should ever be sent away, if it is not certain that he will have

as good care and management in the distant climate as he could obtain near home."[9]

A comparison of the statistics from institutions located in different sections of the country will show very slight differences in the results of treatment in the three stages of the disease. Any difference can be explained by the personal equasion in classifying results. Of course those institutions (and there are many) that endeavor to get the patient home before the end comes will necessarily have fewer deaths.

It must be remembered that the results obtained in institutions located in well known tuberculosis resorts is no index of what occurs in the hundreds of patients who flock to the hotels and boarding houses in those localities. Unfortunately statistics are not available for this large class of patients. If they were, undoubtedly the results, or rather, the lack of results of climatic treatment would be astounding. In spite of the fact that most authorities, many of them located in tuberculosis resorts, state that there is no specific climate for the treatment of this disease, many physicians and most laymen, believe climatic treatment is most necessary. The exaggerated importance of climate and the necessity of sending their patients to a distant point and a different climate is so firmly fixed in the minds of some physicians, that they seem to think they have given all the advice necessary, when they tell the patient to go to Saranac, Arizona, Colorado, or some other well known (often well advertised) tuberculosis resort, or the almost criminal general advice to "go West and rough it." The patients, many of them ignorant of the salient points in treatment, with the abnormal optimism whieh seems to be peculiar to the disease follow the advice and depending upon some magic virtue in the air to make them well, neglect the important principles of treatment.

Often patients so acutely ill that absolute typhoid rest is indicated are sent hundreds of miles from home with the result that the hardships of the journey means the final chapter of their life history. A characteristic often seen in tuberculous individuals particularly those who are not doing well, is the idea that some climate or location other than where they happen to be is the ideal place for them and if they could only get there, they would soon be well. The result is that if they have sufficient funds (and sometimes when they have not) they pursue the elusive rainbow from one part of the country to the other always expecting that the pot of gold, good health, will be found at the next place.

The new arrival at any well known tuberculosis resort is always told of the wonderful effects of the air and the marvel-

ous case of the patient who after being given up was brought in on a stretcher and in 6 months returned home absolutely cured. He is not told of the hundreds of ill patients, who after a variable length of stay returned home in a pine box. It is true that many wonderful so-called cures occur at these places. They also occur elsewhere.

I certainly do not wish to be interpreted as minimizing the value of certain localities for the treatment of tuberculosis, or stating that patients should not be sent to a different climate. Undoubtedly a decided change of climate, location and environment is of great value in many cases and some patients will do much better in one place than another. I often so advise patients, but they are instructed to enter an institution if possible, and if not, to place themselves under the care of a competent specialist and follow his instructions absolutely. It is a great mistake to send some patients to the mountains to take the cure on their own responsibility in a hotel or boarding house. Frequently patients sufficiently ill to be in bed will be wading and fly fishing the brooks, climbing mountains or engaging in other forms of exercise harmful to them. These patients would be much better off at home.

The superiority of one locality over another as a place for the treatment of tuberculosis is individual rather than general, and the fact that some patients do much better in a particular climate or locality is no criterion that a majortiy of the tuberculous will do equally well there.

Climate of Long Island. Ross[10] made a study of this question covering a consecutive period of 3,650 days from 1890 to 1900 at Brentwood. The mean Summer temperature is 70°, the mean Winter temperature 30°, and the mean yearly temperature 51.8°. The mean yearly temperature of the entire State 45°, of New York City 52°, Atlantic City 52.7° and Nantucket 49.5°. Annual range of Temperature is 39°, while for the whole country it is from 64°-77°. The temperature in Summer is 5° cooler than New York City and in Winter 16° warmer than the rest of New York State. The average yearly humidity is 72.75°, only 3° greater than San Diego, Cal. Including all days on which the sun shines all day or a part of the day sufficient to permit exercise in the open air, there is an average of 300 days, 40 more than Atlantic City, 104 more than Nantucket and only 12 less than Denver.

The soil is sandy and permeable in the centre of the island, giving good drainage, and the water is pure. It will be seen that Long Island possesses the essentials for open air treatment.

Results of Treatment at the Suffolk Sanatorium. 26 patients who were incipient cases on admission have been discharged from the Sanatorium. The results on discharge were as follows:

Arrested	Quiescent	Improved	Unimproved	Deaths
22	1	1	1	1*

Forty-nine patients whose condition was moderately advanced on admission have been discharged with the following results on discharge:

Arrested	Quiescent	Improved	Unimproved	Deaths
19	18	5	6	1

Although the results were unfavorable in the majority of far advanced cases admitted, four patients with complications which placed them in the far advanced class were discharged as arrested and 25 far advanced cases were discharged with the disease quiescent. Of the Incipient cases discharged all are living and well except one who died of Influenza-Pneumonia. Six have been away from the Sanatorium over 3 years, 5 over 2 years; 7 over 1 year and 7 less than a year.

Of the moderately advanced cases discharged 48, all are living and working except one who succumbed to tuberculosis about 3 years after discharge. 18 of these patients have been discharged over 3 years; 10 over 2 years; 10 over 1 year and 10 less than 1 year.

Of the far advanced cases discharged as arrested all are living and well. Of the 25 far advanced cases discharged as quiescent, one has since died of Influenza-Pneumonia and 3 of tuberculosis.

Forty-one cases of all stages were discharged with the disease arrested, all of whom are living and well except one whose death was due to influenza.

Of 44 cases all stages, discharged as quiescent, 5 are dead, 4 from tuberculosis, one from Influenza. Of the four dying of tuberculosis, 1 was mod. advanced and 3 far advanced on admission.

These results will compare favorably with those of any institutions in the country no matter where located.

It is my opinion that the disease has a greater tendency to run a chronic course on Long Island than in the mountains. The histories, physical findings and subsequent course of the disease in a large number of patients leads me to believe this to be true. If this is so, it is a rather desirable thing. Many far advanced chronic cases enjoy fair health and are able to do a certain amount of work for years. The ages of the patients possibly indicate this also. 43% of the patients admitted were

over 35 years of age; 32% over 40; 13% over 50, and 4% over 60. One patient was over 80 years of age.

In conclusion I wish to emphasize the following points:

There is no specific climate for the treatment of tuberculosis.

Although many patients are greatly improved by a change of climate, the improvement can be attributed to the effect of the change, rather than to the virtues of the particular climate.

Proper care, which means proper rest, good food and open air, and competent medical supervision is of much greater importance than climate. Competent medical supervision includes proper medical and surgical treatment for symptoms and complications. It is probable that to these four well known and thoroughly proven essentials in the treatment of tuberculosis should be added heliotheraphy, sun light, either natural or artificial.

No patients acutely ill should be sent a long distance.

No patient with insufficient funds, irrespective of his physical condition, should be sent to a tuberculosis resort, unless he can enter an institution. A patient with sufficient funds should not be sent away unless he can and will place himself under proper medical supervision and follow instructions absolutely.

A change is indicated in a chronic case, which has reached the point where his condition remains stationary after a sufficient length of time, providing he can receive equally good care somewhere else.

Institutional treatment is preferable to "taking the cure" in a hotel or boarding house.

References

*This patient died of Influenza-Pneumonia after he had received his final examination for discharge as an arrested case.

[1]Laennec, R. T. H. A Treatise on the Disease of the Chest and on Mediate Auscultation. Forbes translation. Samuel Wood & Sons, 1830.

[2]Osler, Sir William. The Principles and Practice of Medicine. Eighth Edition. D. Appleton & Co., 1912.

[3]Brown, Lawrason. Modern Medicine. Osler & McCrae, Vol 1. Lea & Fibiger, 1913.

[4]Fishberg, Maurice. Pulmonary Tuberculosis. Lea & Fibiger, 1916.

[6]Flick, L. F. The Relative Value of Home Treatment of Tuberculosis. Transaction of the 2nd Annual Meeting of the National Association for the Study and Prevention of Tuberculosis, 1906.

[6]Flynn, John W. The Influence of Climate as Distinguished from Fresh Air in the Treatment of Pulmonary Tuberculosis and Iits Complications. The American Review of Tuberculosis, Vol IV., No. 4.

[7]Pottenger, M. F. Clinical Tuberculosis. C. V. Mosby Co., 1917.

[8]Bullock, E. S. A Contribution to Climatic Phthisiotherapy Transactions of 2nd Annual Meeting of the National Association for the Study and Prevention of Tuberculosis, 1906.

[9]Journal American Medical Association, 1909, LII 1973.

[10]Ross, W. H. A Study of the Climate of Long Island. Brooklyn Medical Journal, March, 1904.

With proper treatment the outcome in any particular case of tuberculosis depends largely upon that very indefinite individual factor, namely, allergy or resistance. Not all patints are equally resistant to the disease or can build up sufficient resistance even under proper treatment. Unfortunately we have no method of accurately estimating the individual resistance and must depend upon the subsequent progress of the patient to learn whether or not he possesses sufficient resistance to overcome the disease. This makes prognosis uncertain.

—Long Island Medical Journal.

SOUTHWEST SKETCHES

By J. A. Munk

G. P. Putnam's Sons, New York

There is always an element of mystery even in the bare mention of the word desert. To the man who has never roamed over the vast reaches that make up these waste places of the earth there is a kind of fascination that no other region possesses. In his latest book, "Southwest Sketches," Dr. Munk in a great measure lifts the veil that lies over the great American Desert and gives us a striking picture of that wonderland.

In some 300 odd pages close-packed with solid information and illuminated by a number of exceedingly well told stories, he takes us into the land of the Navajo, the Hopis and the Apache. He knows these people. He understands their peculiar point of view and he respects their traditions and customs. Because of this he is enabled to give us an interesting account of a land and its people that are little known and less appreciated.

The volume contains history, geology, romance. The author has not only succeeded in giving us a vivid picture of the people, their lives and their habits, but he seems to have caught the very spirit of the desert and transferred that spirit to the pages of his book.

We are carried in fancy to the home of the people now living in the cliff dwellings. We catch a glimpse here and there of quaint customs and ceremonies that are as enlightening as unique. We see these people in their fields, with their flocks and at their queer gatherings, and we are enabled to understand why the Hopi and the Navajo and even the fierce Apache prefer the ways of their fathers to those of the white man.

The author's account of Mrs. John Wetherill's collection of a full set of drawings made on paper by the native Navajo artists is interesting. It is the only set of the kind known, as the Indians never permit any of their paintings to be copied by strangers. In their original form the paintings are drawn upon smooth ground by touches of many kinds of colored sand sprinkled upon the earth by a practiced hand. These, Dr. Munk informs us, are marvelous creations. Each picture tells a different story and is only produced for a special purpose and in the presence of and for the benefit of the elect. These drawings are kept intact for but one day, after which the sand is gathered in blankets and carried to some distant spot and there deposited.

The book gives us an interesting side light on the marriage customs of the Hopis. The Hopi woman occupies a peculiarly advantageous position. She chooses her own husband, with his consent, however, and should she later for any reason decide that she is tired of him, all she has to do to divorce him, is to gather up his few belongings and place them outside the door of her house. When he comes home in the evening he finds that he has lost his happy home and he has no legal or other recourse. He goes back to his mother and waits until some other squaw takes a fancy to him, when he again goes to the house of his new wife.

The woman owns the domestic establishment outright. Her word is law. The husband owns the flocks and fields. Divorce squabbles are thus unknown among these denizens of the desert.

The book abounds in such interesting bits of information as the origin of the name Apache. It is of comparatively modern origin, having been given them by the Mexicans, who borrowed it from the Maricopas, in whose language it signifies enemy. Members of this tribe regard themselves as a superior race of beings and pride themselves on their efficiency in thievery, torture and murder.

Much history of the war which the white men waged against the Apaches is given with names of men who took part in the various battles.

If you are interested in the history, art or people of this vast region, you will find this book a veritable mine of useful and authoritative information. Dr. Munk is qualified to speak and write of the Southwest, for study of this region has been one of his hobbies for years. The book is profusely and beautifully illustrated with photographs and is worth owning for the illustrations alone. But the text is rich in the lore of the

land and the people and will adequately repay anyone for the time spent in its perusal.

Dr. Munk is a man of wide and scholarly attainments. He is the author of "Arizona Sketches," "Arizona Bibliography," "Musical Compositions" and the volume under review. In 1904 he presented the Southwest Museum, of which institution he is a trustee, with a collection of books numbering 12,000 volumes, one of the most complete libraries of Arizoniana extant. This collection is now available to the public and is among the most highly prized possessions of the museum. Dr. Munk is a resident of Los Angeles.

STATE SOCIETY

The next meeting will be at Long Beach, May 17 and 18, 1921. Of which you will hear more later. I wish to call your attention to the list of section officers for the next meeting:

SURGERY—
Ira M. Wheeler, M. D., Chairman, Fresno.
A. J. Atkins, M. D., Secretary, 734 Pine St., San Francisco.

GYNECOLOGY—
O. C. Welbourn, M. D., Chairman, 819 Security Bldg., Los Angeles.
T. C. Young, M.D., Secretary, 621 E. Broadway, Glendale.

PHYSICAL THERAPEUTICS—
J. M. Cleaver, M. D., Chairman, 317 Bradbury Bldg., Los Angeles.
Ella M. Caryl, M.D., Secretary, 619 West Seventh Street, Los Angeles.

OBSTETRICS—
W. E. Daniels, M.D., Chairman, 266 Lindero Street, Long Beach.
H. C. Smith, M. D., Secretary, 111-A East Broadway, Glendale.

PRACTICE OF MEDICINE—
H. T. Cox, M. D., Chairman, 425 E. Third St., Long Beach.
E. R. Harvey, M.D., Secretary, 221 National Bank Bldg., Long Beach.

THER. & MATERIA MED.—
J. A. Munk, M. D., Chairman, 747 South Alvaredo Street, Los Angeles.
J. B. Mitchell, M. D., Secretary, 210 Post Street, San Francisco.

PEDRIATICS—
H. V. Brown, M. D., Chairman, 917 Baker-Detwiler Bldg., Los Angeles.
L. L. Haight, M. D., Secretary, Wright-Callender Bldg., Los Angeles.

ENTERTAINMENT—
W. E. Daniels, M. D.; E. R. Harvey, M. D.; L. E. Rauch, M. D., Long Beach.

You have been placed at the heads of the above sections with the firm belief, upon my part, that you will act quickly, tactfully and unceasingly. Let us all pull together for a good, as well as a big session.

Fraternally yours,
DR. D. A. STEVENS, President,
434 Douglas Bldg.,
Phone, 14547. Los Angeles.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

PIONEER PHYSICIAN OF SANTA ANA DIES

Following an illness of several months, death came yesterday, Feb. 4, 1921, to Dr. W. P. Ferguson, a physician who began practicing here thirty years ago. He was 79 years old, and a native of Indiana.

Dr. Ferguson had a good practice here for many years. For about fifteen years his office was located in the Home Telephone Building, corner Fourth and French streets. Though advanced in years, the doctor stuck to his favorite

vehicle of travel—a bicycle. Riding his bicycle with his little black medicine case held at the handle-bars, he was a familiar figure on the streets.

The doctor had a wide acquaintance here, more especially among the old-timers. He was a member of Sedgwick post, G. A. R., and a Mason.

Besides his widow, Mrs. Catherine Ferguson, he leaves three sons, August V. Ferguson of San Rafael, Byron Ferguson of Alameda, and Perry Ferguson of Douglas, Ariz.

NEW YORK POST-GRADUATE MEDITAL SCHOOL AND HOSPITAL

The New York Post-Graduate Medical School and Hospital announces that there will be available this year six scholarships under the terms of the Oliver-Rea Endowment.

The purpose of the endowment is to award scholarships to practicing physicians o the United States to defray in full the expenses of tuition at the New York Post-Graduate Medical School.

According to the wishes of the donor, physicians in the State of Pennsylvania will receive preference in the award of these scholarships.

Applications may be sent to the President of the New York Post-Graduate Medical School and Hospital, Twentieth Street and Second Avenue, New York City.

NEWS ITEMS

Dr. James Miller has changed his address from Burlington, Iowa, to Danville, Iowa.

Died—Edward Herbert Byron, Riverdale, Calif.; graduate of the California Eclectic Medical College, 1900, died in Livermore, California on February 23rd.

Married—Alphonette Goff, M.D., of Glendale and J. P. Luccock, D.D.S., also of Glendale, were married March 10th. Dr. Luccock will continue to be associated with Dr. Young, as she has been for several years. The Journal extends congratulations.

The State Society will meet in Long Beach in May, and the National will meet in Colorado Springs in June. Although the distance from California to Colorado is long, quite a party from the Los Angeles Eclectic Medical Society will attend. Among those who will doubtless make the trip are Dr. Munk, Dr. O. C. Welbourn, Dr. C. Ohnemuller, Dr. H. T. Cox, Dr. W. E. Daniells, Dr. H. C. Smith and Dr. D. A. Stevens.

The California Eclectic Medical Journal

Vol. XLII **MAY, 1921** **No. 5**

:: Original Contributions ::

THE USE OF ALTERATIVES IN CATARRHAL BRONCHITIS AND PNEUMONIA

Dr. J. C. Reinsmidt, Los Angeles

Read Before the Los Angeles Eclectic Medical Society.

My object in writing on these diseases is that I have had marked success in their treatment thus far, a fact which I attribute to the alterative form of remedies which I have used, and which I find are not in general use in the treatment of these diseases. As we all know the disease in the active stage I will not take the time to go into the cause, diagnosis. etc., but speak at once of the treatment.

One very successful remedy is Specific Phytolacca. I follow its special indication such as its alterative effect on the lymphatic system, as a toxic condition is found in all catarrhal forms of bronchial and lung diseases. It is certain that phytolacca in all these cases is a sure remedy to bring about excellent results. Another alterative that has been of much value in my treatment is cal. iodide or Brown's mixture of lime, each tablet containing 1/3 gr. This form I've used on all bronchitis and pneumonia patients. In cases of children it has proved especially good, as it tends to keep the abnormal secretions light and free, and the air passages clearer, so that respiration is less labored and frequent. It may seem a routine treatment to give this but it has always proved efficacious in acute forms of these diseases. Still another alterative of value in adult cases is alcresta ipecac, because its action is very good in overcoming any toxic condition in the intestines. It is noticeable that patients often can not expectorate freely, and most of the catarrhal sputum is swallowed, which causes an abnormal temperature and other unpleasant symptoms, as gas in the intestines, etc. The alcresta ipecac has a laxative action as well as anti-toxic effect on the intestines. I give two or three of the five-grain

tablets between the hours of 6 o'clock and 11 o'clock every evening. In very old people this has proved the best remedy in catarrhal pneumonia. I have just had as a patient a lady of 72 years, with catarrhal pneumonia, and her recovery has been most satisfactory. Externally I use Lloyd's Libradol on chest and back, changed every twelve hours, or oftener in fever.

SPECIFIC MEDICINE ACONITE

H. Ford Scudder, M.D.

Specific Indication: "The small, frequent pulse."

Aconite is a stimulant to the sympathetic nervous system, strengthening the heart action, increasing its power to propel the blood, and placing the blood vessels in a better condition for the passage of the blood stream. It is indicated in marked enfeeblement of the circulation; for the small, frequent pulse, the hard, wiry pulse, the frequent and easily compressed pulse; hot dry skin, sudden arrest of secretions, elevated temperature, and chilly sensations along the spine. It is indicated in the beginning of acute inflammation of any organ, with suppressed secretions; at the start of protracted fevers, especially the eruptive fevers, and in the beginning of local inflammations where the mucous membranes are involved, the mucous secretions being suppressed or perverted, as in bronchitis, gastritis and enteritis. It is the remedy in the beginning of any fever, and is especially the fever remedy for all diseases of children. Use it in acute congestion or inflammation of the brain, spinal cord or meninges; in cerebrospinal meningitis in children, combined with Specific Medicine Gelsemium. Use it for chill as well as for simple fever, but always remember that Specific Medicine Aconite is to be used in small doses, gtt. iii—iv in ℥iv of water, giving the mixture in teaspoonful doses.

Aconite is also strongly indicated in measles, smallpox or scarlet fever, with hot, dry skin, excited circulation and marked rise in the temperature. Here it aids in developing the eruption, controlling the fever and placing the skin in a good condition. In these cases, use it in combination with Specific Medicine Belladonna. Use Aconite in the early stages of pneumonia and pleurisy; in the beginning of diphtheria, and in amenorrhea from acute cold, with increased temperature. In acute tonsilitis, pharyngitis and laryngitis Aconite has a specific influence, both local and constitutional. In croup, especially catarrhal or spasmodic croup, small doses are very effective. In the treatment of inflammations of

the serous or mucous membranes, in acute gastritis, gastric fever and acute enteritis, it is an essential remedy. In the treatment of diarrhea, dysentery and cholera infantum, it is one of our chief remedies. Here we generally combine it with small doses of Specific Medicine Ipecac. Aconite is valuable in all bowel troubles of an inflammatory character, especially those resulting from cold; in the treatment of rheumatism and rheumatic fever, especially pure inflammatory rheumatism. Combined with Specific Medicine Phytolacca, use it in acute mastitis, prostatitis and acute orchitis.

SPECIFIC MEDICINE BELLADONNA

H. Ford Scudder, M.D.

Specific Indications: "Dull face, dilated pupils, dullness of mind and tendency to sleep, impaired capillary circulation of the skin."

Belladonna is a powerful stimulant to the capillary circulation and to the vasomotor nerve centers. It equalizes the circulation, overcoming and preventing local hyperemia. It is indicated in all acute disorders where the patient is dull and drowsy, with dilated pupils, face expressionless, cerebral congestion, cold extremities, and sluggish capillary circulation. Though not a sedative, it is usually combined with Specific Medicine Aconite or Veratrum. Belladonna antagonizes congestion.

When using Specific Medicine Belladonna, it should always be borne in mind that **the best results are obtained from small doses.** The following prescription I have found very effective: Specific Medicine Belladonna, gtt. v—x; water ʒ iv. M. Sig. A teaspoonful of the mixture hourly.

Belladonna is indicated in the beginning of all inflammatory conditions, in diphtheria, tonsilitis, croup, bronchitis and peritonitis. Combined with the proper sedative it stimulates the capillary circulation to the parts, preventing acute local congestion. It is an excellent remedy in erysipelas, where the surface is free from vesicles and the skin presents a deep dusky red appearance. It is useful in typhoid fever, preventing congestion of the mucous membrane and glands of the intestine. Use it in cerebral engorgement and meningeal inflammations, spasmodic cough, asthma, and the latter stages of whooping cough; in all spasmodic conditions with sudden onset, preceded by earlier stages of drowsiness and flashes of fever. In the eruptive fevers it quickly determines the eruption to the skin. Use it especially in scarlet fever, as it promotes exfoliation, assists elimination, and has a decidedly beneficial effect on the temperature. Where ret-

rocession has occurred, Belladonna is the best remedy we possess for restoration of the eruption. In small doses it is regarded as a prophylactic against scarlatina.

Belladonna is useful in congestive neuralgia, in headache from fullness of circulation in the brain, in dull, frontal headache, with cold extremities, and tendency to sleep. It is most useful in incontinence of urine, especially in children, due to enfeebled pelvic circulation or spasms of the bladder. In nephritis it is useful in overcoming the increased renal blood pressure and engorgement of the capillaries; also in diabetes insipidus, with cold extremities. Either alone or combined with small doses of Specific Medicine Nux Vomica, for its general stimulating effect, I have used Specific Medicine Belladonna with marked success in nervous patients with lowered vitality, low blood pressure, cold extremities. Belladonna is also valuable in cases where it is necessary to retard the secretion of milk in the lacteal glands.

AUTO-HEMIC THERAPY

J. S. Hayes, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society.)

Auto-hemic therapy, literally translated self-blood treatment, is a discovery by L. D. Rogers, M. D., Chicago. According to the doctor's own statement, while visiting the European universities and hospitals he became deeply interested in their treatment of cancer. After his return he determined to do some independent investigating with a view to evolving a more successful treatment for cancer. Being a homeopath, he naturally adopted homeopath methods.

His early experiments were made upon his grown son, with the latter's full consent. While the doctor did not succeed in his original purpose, he accomplished a much more important result. He developed a therapeutic measure which, as a routine treatment, without being a nosological specific or a nasal offense, probably more nearly approaches universal application than any other so far presented to the profession as yet, the indication limits do not appear to be clearly defined.

The reports of fifty practicing physicians in widely separated locations for the year 1918, and covering nearly 200 named diseases, would indicate that auto-hemic has a wide range of application, and also that it is harmless to the patient, except possibly through gross carelessness in technique. Questionnaires were mailed to fifty other physicians using auto-hemic therapy, but they were too busy with the "flu"

to report. Subsequently they sent reports confirming the previous reports.

The essential apparatus consists of a still, an electric incubator with rheostatic control, a dozen ounce bottles with ground glass stoppers, a hundred labels which, by means of cc. marks on edges convert the vials into graduates; a graduate of 25 cc. capacity, one 2 cc. Luer syringe, one 5 cc. Luer syringe, one dozen inch slip needles, one gallon bottle with siphon hose, nozzle and cut-off, and one book of hemoglobin test papers. Use any sterilizer from fifty cents to hundreds of dollars, according to your fancy and purse. A fifty-cent granite pan and the family oven answer every requirement. My preference is a pressure cooker at a cost of about twenty dollars. It does the work thoroughly in five minutes. The same utensil may be used in the family culinary department, rendering dry beans, old hens and bull neck tender as young chicken in forty minutes without losing any flavor or aroma. At the time I invested, Dr. Rogers' terms for the course on instruction and outfit (except sterilizer) were $100. I understand he now asks $150.

The treatment is given intravenously, and to one accustomed to that method and homeopathic potentization, the technique is simple enough.

Blood is drawn from a vein rendered prominent by compression, incubated, potentized and re-injected into the same or another vein. Generally one of the basilic veins is most convenient, though I have at times used veins on back of arm, on wrist, hand, foot, leg and occasionally on inner aspect of the thigh. Sometimes have found it advantageous to soak hand or foot in hot water before applying torniquet. Nothing is added to the blood but distilled water, and nothing taken from it except that the color disappears through dilution at the 4x or 5x potency.

If the operation is properly performed, the patient experiences no pain or discomfort, except the mere prick of the needle through the skin, and even that may be obviated by a local anaesthetic.

Usually there is a mild reaction for 24 to 48 hours, sometimes assuming the form of lassitude, sometimes a disturbed sleep, sometimes an achy feeling as of mild grippe, occasionally an intensifying of the prevailing disease, followed by a sense of well being.

To conserve your time for consideration of more valuable papers, the writer will endeavor to limit himself to the brief statement of a few facts in his personal experience, from which you can make your own deductions.

One of the early cases was varices of the leg of sixteen

years' duration, with recurrent phlebitis at upper inner aspect of the thighs, alternating every two weeks, characterized by a temperature of 103 to 104, excruciating pain, exquisite tenderness to touch, and laying him off work for three to four days. Thought I had cured it by injections of subculoyd lobelia, which would abort the attacks and enable him to return to work the next day. A year later, however, they reappeared under stress of overwork and some dissipation.

Since the first auto-hemic treatment, nearly two years ago, there has been no return of the seizures, although he has been subjected to heavy strain from unaccustomed hard work and unusual exposure. Took several subsequent treatments as a prophylactic. No reactions. A recent case is a strong, well nourished German lady of 35 with varicose veins of the legs. Varices as large as my thumb, with knots size of an ordinary English walnut. The discomfort and pain incident to ten hours of work on her feet was rapidly sapping her strength and vitality. After twenty auto-hemic treatments veins reduced to size of small lead pencils and knots to size of small filberts. Does her work with ease and comfort. Has discarded bandages. Another recent case is also a well nourished, vigorous German lady of sixty. Mother of a large family. Has a pair of varicose ulcers of twenty years' duration which would take the blue ribbon at an exhibition. The right one extending from internal malleolus to middle of calf and almost completely encircling leg above ankle. Can endure no application but a mild resorcin ointment. Result of eleven auto-hemic treatments negative, except to modify discharge of pus and blood.

Three cases of epilepsy, grand mal type. A married lady of 35, ten years' duration, with marked indications of approaching mania. Mental abberation appeared immediately after a violent spasm some time previously. After first auto-hemic treatment only frequent petit mal until seventh treatment, when mania was fully developed; not violent. She was taken to psychopathic ward, thence to a state asylum. Later I heard that her husband had taken her home with mania and epilepsy in modified form. Presumably due to bromides. Another lady of 73, delicate and senile. History of ten years' seizures, from weekly to bi-monthly. Much modified with subculoyd lobelia. Fifteen treatments reduced violence and frequency. Then Harrower's No. 2 was exhibited and no attacks for two months.

Gentleman of fifty. Strong, well developed muscles. Painter by trade, with classic gum line, and has been treated for lead poisoning. Grand mal of severe type, besides frequent petit mal attacks. Sixteen treatments with negative

results. Organo-therapy ditto. Have arranged to treat him with Harovitz' proteogens.

Lady of 71 with from six to twelve attacks of asthenic diarrhoea annually for several years. Temperature subnormal accompanied by more or less colic. Last seizure May, 1919, following chill from exposure; was the worst attack she ever had. After partial recovery, began the auto-hemic therapy. The reaction from the first three treatments assumed the form of a mild diarrhoea for forty-eight hours, without colic. Since then not a trace of the old trouble. I have also used this treatment in cases of tuberculosis, cancer, hemiplegia, etc., with varying results.

Many physicians report 50 to 150 cases with 90 to 95 per cent cures. Several with no failures. The secretary of the Auto-Hemic Association sums up the average of fifty physicians for a year with the words, "85 per cent cured or greatly benefited." Of course such a statement is too vague to be satisfactory. I have not been so fortunate and cannot report over 50 per cent of cures. Possibly through personal inefficiency or because of the advanced stage of the disease in many patients. Among the lessons I have learned in auto-hemic therapy are:

1. Never use it in acute conditions unless you want a violent reaction; or, if used, not lower than the 12x or 15x potency and never more than 1 cc. at a treatment.

2. That an increase in hemoglobin is not an infallible index of improvement in the original condition. For instance, in a cancer case the percentage rapidly rose from 40 to 100 per cent, yet the disease was insidiously making progress.

3. Reaction is not essential to success. Several cures never had a reaction.

4. In extremely sensitive or debilitated conditions I find 8x or 10x a better treatment than the lower potencies.

5. The remarkable and sudden increase of vigor and "pep" so frequently reported has not as yet characterized a solitary case in my hands. The return to ordinary health is common in successful cases.

6. Better to select cases carefully than to jump at an experiment. Better to turn down a questionable case than to damage both reputation and purse by failure.

7. As to time invested. Incubation requires none of your time. It is done while you work, eat and sleep. Potentization requires from one-half hour to one hour, according to potency, and you can potentize four vials at a time. No more office time is required in the actual treatment than in dispensing an ordinary prescription.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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OUR SOCIETIES

It is springtime and the call of the open is upon us. Some of us will go into the country for the summer, but most of us will have to be content with a week-end now and then. In answering the call for a change, it should be remembered that the desired end can be attained by ways other than just idleness. For instance, the time for the annual meeting of our various medical societies is at hand. Some there be who find attendance at a medical society meeting pleasurable as well as profitable. Probably such has been your experience, and, if so, well and good. If not, try it again on a dare.

The Society Calendar appears elsewhere in this issue.

PLANT CONSTITUENTS AND MEDICINES

John Uri Lloyd and John Thomas Lloyd, Cincinnati, O.

Friends of the Society:

The lesson of the evening will be given chiefly by experiments illustrating the fact that fundamental dissections of constituents can be made in plant preparations by the mere changing of an extractive menstruum. It might also be argued by a thoughtful observer that inasmuch as diametrically opposite substances are taken from a plant that, in each experiment is identical at the start, a mixture of the different solvents would be capable of abstracting the entire content of the drug.

This, however, on consideration of the influences of each menstruum on the material opposed to its affinities, will be seen at a glance to be erroneous. For example, a substance soluble in alcohol and insoluble in water will but partially dissolve in a mixture of alcohol and water, the amount of alcohol in which it will dissolve perfectly being insufficient to dissolve it when water is mixed therewith. Indeed, if the proportion of water be great, the material may become practically insoluble in a mixture that carries alcohol enough, without the water, to perfectly dissolve the substances operated upon.

The same rule applies to the water-soluble constituents. If, for example, a gum perfectly soluble in a given amount of water be digested with a mixture of alcohol and water, the water being in the same quantity, the gum refuses to dissolve completely. As the alcohol proportion increases the gum in solution decreases, until finally, if the alcohol be in sufficient amount, although all the water is present in the mixture, but very small amounts of the gum are dissolved.

In these directions it will be comprehended that a mixture of solvents refuses not only to dissolve and hold in solution a material soluble in each constituent, but actually refuses to abstract them, even though the separated portions of the menstruum would dissolve each constituent completely. Hence it is that an attempt to carry into any pharmaceutical preparation of the total product, gums, resins and other constituents of a plant, results in failure. Indeed, a preparation made with this object in view, on the theory of representing the total soluble content of a drug by a single pharmaceutical product, is both hypothetically and practically erroneous.

Examples of this fact may be offered by making a more or less saturated solution of salt in water, and of resin in

alcohol. On mixing these two liquids, it will be discovered that they immediately precipitate. When the reaction is over it will be found that the alcohol which held the resin in solution has precipitated much of the salt that had been dissolved by the water, whilst the water that held the salt in solution has precipitated much of the resin that had been dissolved by the alcohol. It will be shown by further experimentation, in which a mixture of salt and resin is employed, with diluted alcohol and water in the proportion of the previous experiment, that but a small amount of either salt or resin will be taken up by the mixed liquid.

I may as well again, as I have so many times in the past, in the lessons brought before this society and the classes that have honored me by listening to my remarks, attack the argument so constantly made by parties who are not conversant with the pharmacy of vegetable materials. The counter-argument I am making is to the effect that whoever asserts that a given menstruum, pound to pint of any drug whatever, carries the total soluble content of that drug, is, to put it very kindly, talking at random. It is impossible to thus combine, in a pound to pint product, the oils, fats, resins, alkaloidal structures, gums, albuminates and inorganic materials (the principal members of which, in varying proportions, exist in every drug, and are of discordant qualities) and to carry these materials in solution in a permanent form into the final product.

To put it more concretely, the fat and resin of the drug will not dissolve in the water of the menstruum; the gum and albuminates and often much of the sugar of the drug will not dissolve and stay in solution in the alcohol. Nor will a mixture of the two dissolve the amount either would take up of gum (water) and resin (alcohol). As shown by my experiments, published in the American Journal of Pharmacy, 1884, it would require an enormous amount of alcohol to abstract the water-soluble materials present in one pound of macrotys. At a certain point the resin has been practically abstracted; the alcohol having but a very slight solubility power over the other extractives of the drug, the process of percolation might be carried almost indefinitely without increasing the amount of material present in the percolate.

Let me repeat. In my opinion the man who claims that a one-menstruum preparation, pound for pint, carries the entire soluble content of a complex drug challenges such facts as have come under my observation. He might, however, properly state that the menstruum carried the therapeutic

qualities of the drug, if the therapeutic qualities depend upon some one constituent or family of constituents soluble in the final menstruum. A study in this direction is, in my opinion, a much neglected opportunity in galenical pharmacy.

With the foregoing statement, the conclusions of which must be understood by all my hearers, I propose now to bring before you, in such a way as to make visible, experimental facts to corroborate the statements made in these preliminary remarks. The experiments will be presented and conducted by my son, John Thomas Lloyd, who in our laboratory has made a series of careful experimentations in this and other related directions, of which those presented are but a fragment.

Before us we have four cylinders, 500 cc. each. No. 1 contains alcohol, No. 2 water, No. 3 liquid petrolatum, and No. 4 diluted acetic acid. All are colorless and transparent.

My assistant now holds before you a branch of the tree known as red beech tree, the matured leaves of which appear to be black in color. These leaves contain different materials associated, some soluble in liquid petrolatum, others in water, others in alcohol and others in diluted acetic acid. There seems not to be either red or green present in these black leaves, in which connection I will remark that red and green mixed in proper proportion, as nature mixes them in the leaves of this plant, make a black compound. I will now ask my assistant to apply an experimental process that will dissociate the constituents of these leaves in such a way as to put the separated products thereof into these different liquids, in order that you may see the process exemplified. Let us therefore hang twigs, each carrying a few leaves of this tree, so that they are, respectively, submerged in the upper part of each of the liquids, and I shall ask you, as these cylinders stand before your eyes, to note the result. If the Society will resume its deliberations, concluding remarks will be made after the reaction has progressed sufficiently to permit the color changes to be thoroughly comprehended. (Interval of some hours.)

In concluding this lesson I call to your attention the reaction that followed the experiment. You notice that the liquid in cylinder No. 1, alcohol, very soon began to turn green, and that this green color increased in intensity until it finally became a deep, transparent, emerald green.

Cylinder No. 2, water, has retained its natural color, there seemingly being no change in the liquid. The liquid in cylinder No. 3, liquid petrolatum, is likewise transparent,

seemingly not being affected. You will have noticed that the liquid in cylinder No. 4, diluted acetic acid, began very quickly to turn red, and is now a deep red color, these reactions having occurred with the four menstruums selected for this experiment. Others might have been added with characteristics just as pronounced.

Let us first consider the extremes, cylinder No. 1 and cylinder No. 4. The mixture of the constituents of these two liquids produced the black color observed in the black beech leaf, that abstracted by alcohol being green, that by diluted acetic acid being red. The theory of the solubility of these substances, to the effect that the chlorophyl (green) of the leaf is soluble in alcohol, and the red coloring matter (unnamed) is soluble in the diluted acetic acid, is supported by the facts. Seemingly the green of the leaf is perfectly insoluble in the diluted acetic acid, and the red of the leaf perfectly insoluble in alcohol, the demonstration of which needs be established by further research, it being likely that traces of red are present in the alcoholic solution, and of green in the diluted acetic acid.

In contrasting the appearance of experiments Nos. 2 and 3, one would be struck with the apparent fact that these menstruums have neither dissolved anything from the leaf nor have been affected thereby. Let us, with the water liquid, make an experiment, which my assistant will now present, and which I belive will demonstrate that such a view is erroneous, and that a soluble colorless material has been taken from the same leaves that gave such different products with alcohol and diluted acetic acid.

My assistant pours the water from this cylinder (No. 2) into the beaker he holds in his hand, and drops into it a diluted solution of ferric chloride. Note that the liquid immediately turns dark, then black, demonstrating the presence of a something possessed of pronounced qualities. In connection therewith I will state that this material is a form of tannin, a substance that in some modification is present in practically all natural complexities of vegetable tissues and which has the quality of turning black with both ferrous and ferric compounds.

In No. 3 I ask you to note that for one-third the distance down it has become milky, this milkiness resulting from the presence of minute amounts of water, which has penetrated into the liquid and been precipitated as an emulsion. However, accompanying this water we have present fat and oil, both colorless, neither of which can be shown by a simple lecture-room experiment.

Conclusion: Let us now rest this lecture with the conclusion, which I hope will carry the lesson proposed thereby. The demonstration is not intended to be spectacular or entertaining only, but to carry to you certain fundamental facts connected with plant pharmacy. The underlying features, in my opinion, are very essential to whoever begins to think in the direction of this very complicated subject, a summary of the problem before us being to the effect that the discrediting of fluid extracts as a class by the physicians of America, a fact apparent to all thoughtful pharmacists as well as physicians, is due, in part at least, to the neglect of research opportunities such as are herein introduced, as well as to the illogical attempt to embrace in a single menstruum antagonists that refuse to associate even in the plant. Such as these not only have no affinity for each other, but have antagonisms that, if forced into company with each other, result in the throwing of the weaker out of solution by the stronger, or in eliminating interlaced portions of both locked in mutual embrace.—National Quarterly.

PROCTITIS AND ITS THREE SECONDARY SYMPTOMS: PRURITUS ANI, HEMORRHOIDS AND FISSURE

By J. D. Albright, M.D., Philadelphia

Broadly speaking, all persons afflicted with any form of rectal disease have proctitis, meaning congestion, inflammation, and, unless atrophic degeneration of the mucous membrane has set in, hypersecretion.

In the consideration of this subject, let it be understood that the chronic form of proctitis is referred to, eliminating all degrees of acute proctitis, due, as they are, to various temporary, transitory causes, and, as a rule, contributing but slightly to the practice of the specialist in rectal diseases.

Chronic proctitis, generally designated as chronic rectal catarrh when patients request a diagnosis, co-exists with peri-proctitis in practically all cases deserving the term chronic. It is to this that many of the pains in the sacral region, buttocks and thighs are due. The proctitis itself, that involving more especially the mucous membrane and connective tissue, is responsible for the line of symptoms which develop in the sigmoid-rectal region, the rectum and anal canal. These are due to structural changes which result from an excessive blood supply always present in congestion

and inflammation and all of them are hypertrophic in character.

Proctitis, in the developing stage, goes on for years before the victim becomes aware of its presence other than an occasional manifestation, acute in character. This is generally referred to as "an attack of piles" and is usually forgotten after it subsides. As a rule, these occasional reminders of the presence of some persistent abnormality pass off under the influence of a sedative suppository, the routine recourse of the average practitioner. A suppository containing ½ grain of extract of opium, 1/3 grain of extract of hyoscyamus and 2 grains of acetanilid is quite efficient.

When persons thus afflicted are fortunate enough to come under the care of a physician who is alive to the importance of treating rectal diseases properly, treating none except after a thorough digital and ocular examination, the results are always satisfactory. When they fall into the hands of a non-examining prescriber of salves or suppositories, they will continue in their condition and suffer all the consequences of progression and neglect. Sooner or later something develops and they will either find the right man or become confirmed invalids.

The pathology of this condition and the reasons for the development of three such widely differing secondary symptoms are briefly these, a full consideration being impossible in the space at my disposal.

Inflammation follows irritation and congestion, the primary symptoms being heat, pain and swelling, no matter where it occurs. But in the rectum, considerable abnormalities may exist before the subject becomes aware of them. This is due to lack of sensory nerve endowment, as is well known. The discharge of mucus in rectal inflammation results from hypersecretion due to the congested membrane, and, later on, the adjacent tissues. Just as secretion occurs from the mucous membrane in the interior of the rectum, so also a secretion gathers and escapes from the external or body side of the mucous membrane and adjacent tissues. Ordinarily this would be termed serum or a muco-seroid fluid, but in this instance there seems to be an irritating acridity present that excoriates the anal skin as it travels downward, by gravity, and exudes through the anal integument. Victims of pruritus will always attribute the moist condition to perspiration, but this is not correct. Anyone who has ever seen a true pruritic anus, with its folds wet, enlarged, raw, excoriated, looking like the result of a severe scald, with a red, angry crescent on each side of it, extending half way

across the buttock, may well understand that perspiration never caused such devastating destruction. This acrid fluid, as all substances do, travels in the direction of least resistance; so naturally it finally reaches the anus and surrounding tissues. Even here its progress is not entirely stopped, as under pressure of the continued gravitation of the fluid, it is forced forward into the scrotal region, backward toward the spine or in any other direction. The evidence of this exists in the presence of channels running under the skin toward distant itching points just as they also exist in the rectal wall.

The treatment of pruritus ani has always been a stumbling block to physicians, and in one hundred years no progress along this line had been made until the true pathological condition was recognized and understood. The credit is due to Dr. A. B. Jamison, of New York City, whose researches, investigations and observations were rewarded in 1901 by the discovery of the conditions as I have described them. It was my good fortune during the several years following to assist Dr. Jamison in the treatment of many patients; also to demonstrate the correctness of his conclusions by X-ray photographs, many of which are still in my possession. These photographs and my many years' experience in the treatment of true pruritus ani, by the only method indicated by pathology, must dispel every last remnant of doubt that could possibly exist in the mind of any student of the subject. Yet it is amusing—no, it is pathetic—to note with what unanimity many of the supposed leaders of proctological thought ignore this discovery and the successful treatment of this condition. Recent new editions of books on rectal diseases, written by men who know me and my work, men who know that I have repeatedly demonstrated the truth of all I have ever said on the subject by living clinical proof, absolutely fail to make the slightest reference to the matter. These men, proctologists (!), still refer to pruritus ani as a neurosis, and upon the bending crutches of hypothetical inferences offer as remedies an array of obsolete drugs, useless practices and advice to "discover and remove the cause." All of which is but a painfully apparent confession of helpless empiricism.

Treatment

Pruritus ani can be cured only by draining the products of inflammation out of the rectal, perirectal and anal tissues, and proper treatment of the inflamed areas, restoring normal conditions, thereby avoiding further trouble because of the secretion mentioned.

First, the drainage. At various points about the anus the existence of underlying channels is indicated by spots especially excoriated. These are usually between anal folds. Into one of these 10 to 15 minims of a 1 per cent. apothesine solution is injected in the usual manner. This will give perfect anesthesia in one minute. With a knife cut through the skin and underlying connective tissue, the cut being about ¾-inch in length. A silver probe is now taken and after a little search the channels can be located, upward into the rectal walls, or, as previously stated, in any other direction. No regularity can be looked for, as no portion of the anal tissues is exempt.

After a thorough exploration a little normal salt solution may be used to irrigate; but this is not necessary, although I formerly irrigated all cases. The opening is packed lightly with gauze and a dry dressing applied. The secretion will continue for seven to ten days, will always color the packing yellow, and has a sickening odor, similar to the one noticed in the supposed perspiration of these parts, as already noted. Nothing is done but to treat the cut as an ordinary wound. It will gradually heal—never saw any infection nor is there ever much soreness. Itching in the quadrant embraced by the cut ceases at once. Other cuts in the three remaining quadrants may be required, depending upon results obtained from the preceding ones.

I have seen pruritus vanish permanently after two cuts; others require more whenever the indication for an opening is present, i. e., the excoriated spot, always located at a point of severe itching.

The treatment of the inflamed tissues themselves, the whys and wherefores of hemorrhoids and fissure must be left for my next paper.—The Medical World.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May 17-18, 1921, Long Beach, Cal. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1921. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

The California Eclectic Medical Journal

Vol. XLII **JUNE, 1921** **No. 6**

:: Original Contributions ::

JUST FOAM

D. A. Stevens, M.D., Los Angeles.

Read before the California State Eclectic Medical Association.

Solomon, the sage of the ages, says, "of making many books there is no end," so it may be said in our time, "of making many systems of healing there is no end." In the pre-historic misty past we find disease has ever existed, as far back as we can get any message, we find sickness and plagues sweeping whole communities away. Every race, however simple or intellectual, savage or civilized, dense populations or isolated conditions, seem to all bow to disease.

Nor is this true only of the genus Homo, but we find the animal kingdom throughout, suffers and in many instances dies early from disease.

The birds and fowls, fish and marine life, and vegetation have their peculiar diseases which destroy life before its natural cycle of life has run. Now here is food for thought.

Can we in the face of this manifestation of universal discase, journey to the outer realms of reason and say, Here I will take my stand on the platform of Eddyism? Can we say or believe "mind is all," "material does not exist," "sin, sickness, death, all a state of mind"? Who ever heard of a man willing to be sick? If fear and imagination produces sickness (which is non-existent) for a man, how about an animal? a fowl? an orange tree which the scale makes sick and finally kills? The potato even allows the scales to be pulled over its numerous eyes and is unable to see it is just a delusion and state of mind. Reason and common-sense tells us there is a difference in a scaly potato or orange, a cholera hen, a mangy dog, a lumpy jaw steer, a tubercular man, and the normal article.

The germ that infects the tick that infects the squirrel and gives the spotted fever to man must be talked to and

urged to change his train of thought. Traced after the style of "the house that Jack built" doggerel.

A recent lecturer says we see germs in the microscope because our imagination projects them there, only imagination magnified. Can you see the sun, moon, stars which David declared to be God's handiwork? Mountains, seas, rivers, trees, flowers, and seeing, see not?

Can you feel the icy chill of winter, the blistering desert heat of summer, the winds that blow, the soothing hand of mother, the precious touch of infants' hands on our faces, the agony of pain, or the pleasure of pains relieved, and feeling, feel not? Make your own answer but as for me, I cannot.

The greatest delusion of the age is taking a great percentage of people who pass us by. Why?

Meta-physicians, Psychologists, New Thought and other mental healers are active and aggressive, with what seems to be an ever increasing following.

The cry that "man is supreme," "he is God," "he is what he thinks he is." "To will is to do," "nothing can withstand me," is alluring to contemplate, but a study of these people shows them to be of just the same common clay as the common herd. No change is perceptible to the observer; they lift themselves no higher by their own boot straps than before inoculation with this virus of egotistical power.

However strong a man thinks, in fact knows, he makes an ass of himself; his ears grow no longer, notwithstanding.

The Jew is a shining example of prolonged concentrated national thought. For ages he has paraded his circumcised organ before the races as the idea condition, but each boy in turn persists in bringing a foreskin into being with him.

Does the reasoning of this school seem sound to you? To me it does not.

From the mental forces we will turn to the materialists.

They physical culturists will cure all ills by bringing up big muscles. If you work hard, day after day, and you are sick, notwithstanding, then work harder, that you may buy the numerous books and periodicals, outlines of exercises, systems, etc., so you can find out how to work some more to buy more books, etc. Learn to breathe, take the air into your lungs. Now how funny you have lived so long and never took air into the lungs before you got this system, and open the window and look to the east, then fill up. Whee! What a kick in that eastern air. All of us American boobs have been looking west for inspiration and success, and awake to find our system wrong.

The school allows you to pose "in the altogether" and exhibit your form to the curious. It reminds one of the old saying, "it pays to advertise."

Then the food cranks are chewing away. They also have books and periodicals galore for the enlightenment of the dear suffering public at so much per. Cereals with the "real" taken out, zwiback at five times the cost of toast. Proteid steaks, minus the steak; whole wheat bread to stay whole in the stomach. Some foods explode, some fill you with gas. You can pay them to fast, or let them fill you full of hot air.

Be a milk-fed chickn or an alfalfa meal goat. The Lord gives us a list of meats we could order of freely, but these greater than **He** just mark all the meats from the menu. Seems like some one is always taking the joy out of life.

The Osteopaths, at one time were a flourishing tribe, but the most diligent search in the recent years has failed to locate a genuine specimen. They fly kites with longer tails now, D.O., M.D.

Where is the old reliable backbone? and the impinged nerve? the pressure to lift? the sub-luxation? the trained fingers that adjusted creation? Ah! many a delicate machine had a wrench thrown into it at their hands.

The public remembers many good deeds at her hands in the past, but alas! poor lady, she is a raving maniac today. She cries in agonizing tones unceasingly, Me Child! Me Child! Give me back Me Child! But the Chiropractors have the punch, and thrust poor Osteopathy off the stage.

Who is this Chiropractor? Stalking up and down the land with a backbone in one hand and a knockout in the other, and an imaginary system of nerves that Gray never found.

Yesterday he was the barber, the baker, the candlestick maker,
Today he comes forth as a master fakir.
From porter, clerk, motorman, of lowliest mein,
He blossoms out engineer of the human machine.

They advertise in the press with big scareheads,
And beg the dear public to beware of the meds.
Where ignorance is bliss, 'tis folly to be wise,
So thrust on! Jolt on! Adjustment! He cries.

The prize fighters stand face to face for a whack,
But these fellows strike a foul blow in the back.
Give us liberty, so we can fleece, good and well;
If you leave it to me, I say give 'em H——.

What is the secret of the rise of all of these cults? Propaganda. Incessant and persistent use of the printed page, to further an idea that makes money for someone. Take the fees from healers, the profits from book sales, how far would

Christian Science go on the level of pure Christianity? Put the requirements for practice on a par with that required of the M.D., how many faddists would there be?

Schools of Medicine

The tragedy of medicine is all too familiar to you. The Physio-Medical System has vanished, leaving behind lobelia. The lobelia canary when swallowed by the allopathic cat proved unpalatable, so we took the outcast in. He is still one of our prize pets.

The Homeopaths have all but ascended to a level with their highest potency. These high flying birds have a few nests yet, where a few fledglings may be turned out.

But the Eclectics, the only true American school, the discoverers of American plant medication. The giant killers, with the gory scalps of such foes as leeches, bleeding, blue mass, blistering, depletion, at their belt, and the efficient weapons of specific medicines to battle with — how about them?

They captured a fairly good position and rested on their laurels and refused to advance. From a position of eight good schools, we have at this time only one. We have been deluged with appeals to contribute means to keep it going. This college has a text book on medicine, teaching, beware of anti-toxine, beware of all serums. Is it any wonder it cries for help?

The whole truth is we as a school have failed to advance. At one time we were far out in the front, but now we labor to get a few together to keep our heads above the waters of oblivion. We have an organization that only serves to help Eastern doctors get a license in this State, and who forget us instanter. Our board representative fights our fight practically single handed. Unless a vigorous stirring of dry bones takes place soon it will be a la Shakespeare in the gravedigger's scene. "Alas! Poor Yorrick."

WHAT WILL WE DO?

ACUTE LARYNGEAL TUBERCULOSIS

A. S. Tuchler, M. D., San Francisco, Cal.

(Read before the California Eclectic Medical Association)

Mr. E. K., aged 18, requested a prescription for a slight othrwise he sai tdhat he felt fin. He had been working steadily as a clerk in an automobile tire concern.

On examination, found his lungs and bronchial tubes per-

fectly clear and free from any pathological sounds. An older brother died two years previously from tuberculosis, and this young man had had enlarged glands of the neck a year previous to the present examination and which responded to calcidin medication. His temperature was 103 degrees F., pulse 150, full, hard and bounding. The blood test showed 50 per cent hemoglobin. Urinary examination normal.

He was ordered to bed in an airy, well ventilated and sunny room. His diet consisted of milk, eggs, vegetables, fruit and other nourishing substances. His appetite was good, bowels regular, slept well except for a slight dry cough at night. He had no pain anywhere and coculd see no reason why he should stay in bed.

He was given daily intermuscular injections of 1 c.c. iron cacodylate (Rogers), also specific medicine veratrum in two drop doses every hour, also Epsom salt solution sponge baths daily. During a period of four weeks it was found necessary to gradually increase the veratrum to eight drops every hour before the pulse and temperature responded; his heart beat now becoming softer and more natura land the temperature to nearly normal. His appetite now became somewhat impaired; a slight huskiness in his voice and pain on swallowing now developed. Could obtain no sputum for examination as his cuogh was dry and hacking.

He was now given on alternate days, by intermusclar injections, Proteogan No. 3, in alernation with the iron cacodylate. Internally he was given specific medicines, echinacea and inula, in fifteen-drop doses every four hours. Epsom salt pack were applied to the throat. By the fifth week his temperature in the morning was no wnormal and with a slight rise to 100 degrees, or thereabouts, in the afternoon. He felt no inconvenience except for a slight pain on swallowing. I was about to order a steam atomizer for the inhalation of hot guaiacol vapor, when the family concluded that a throat specialist would be preferred. Just four weeks from that time he passed from this mundane sphere.

This case is interesting from the absence of clinical symptoms of this disease; no pain in the beginning nor night sweats, except for the high temperature and rapid pulse, and the large doses of veratrum it was found necessary to give him in order to get results. In this case the remedy was specifically indicated and had to be given in doses up to eight drops every hour before the object was attained. Another point in this case was the anemic condition; yet he did not complain of any inconvenience nor pain, but was working daily, and only came to see his doctor in order to obtain a cough remedy.

There was absolutely no suspicion of tuberculosis, except as stated above. This is what made this case such an interesting study.

SPECIFIC MEDICINE PULSATILLA

H. Ford Scudder, M.D.

Some of the indications for Pulsatilla are fear of impending danger, anticipation and dread of some calamity, trouble or death, dizziness, tendency to look on the wrong side, patient cries eeasily, without valid reason. Its specific indications, as given on the label for the Specific Medicine, are "Nervousness, sadness, disposition to look on the dark side."

Pulsatilla acts directly on that portion of the sympathetic nervous system that influences the reproductive organs, increasing their tone and functional power, and overcoming any irregular or imperfect action. It is useful in all uterine disorders inducing melancholia and hysteria, where there is an absence of inflammation and fever. It is prominent in controlling sexual excitement in both male and female, in restoring normal menstrual function, and in relieving some unpleasantness during gestation. Nervous headaches characterized by debility, or accompanied by suppression of the menses, with chilly sensations, are quickly relieved by Pulsatilla. Try it in gastric irritation, nausea, or indigestion, where the patient complains of a greasy taste in the mouth. It is very efficient in catarrhal conditions, especially the second stage of acute nasal catarrh, and in acute inflammation of the middle ear, due to cold. Here it often promptly allays the pain and hastens the cure.

Pulsatilla is exceedingly helpful in amenorrhea in anemic girls, in tardy or scanty menstruation, in dysmenorrhea accompanied with depression and extreme nervousness. Here its use should be continued during the inter-menstrual period. It gives prompt relief in ovaritis, in leucorrhea with milky discharge, in orchitis and gonorrheal epididymitis, lessening the nervousness and pain. It is of signal use in most cases of spermatorrhea, overcoming the unnatural excitement and continual worry of the mind. It is likewise exceedingly useful in some cases of heart disease, where the mental sensations and dread of danger are the most unpleasant symptoms, also in nervous exhaustion with feeble pulse, deficient capillary circulation, with cold extremities and a general relaxed physical condition.

In controlling catarrhal symptoms in eruptive fevers, Specific Medicine Pulsatilla is of great value. Use it in measles to check the coryza and profuse lachrymation, also for tight, painful cough, especially when retrocession has occurred.

SPECIFIC MEDICINE BRYONIA (COLLOIDUM)

H. Ford Scudder, M.D.

Specific Indications: "A hard, vibratile pulse, flushed right cheek, frontal pain extending to basilar region, irritative cough."

The most important use of Bryonia is in relieving irritation and inflammation of the serous membranes. It is one of our most useful remedies in the treatment of thoracic diseases, especially those accompanied by sharp, cutting, lancinating pains, with dry, harsh cough. Bryonia is most valuable in pleurisy, either alone, or combined with Specific Medicine Asclepias. When effusion has taken place, it is our best remedy to induce absorption. It is indicated when the temperature is elevatd, the pulse hard and frequent, pain tearing, aggravated by motion, loud mucous rales. Here it not only allays the pain but lowers the temperature, lessens the nervous tension, and promotes secretion and excretion. Use it always in small doses, gtt. v - x, water ℥iv, giving teaspoonful doses of the mixture, hourly.

Use Bryonia in bronchitis with dry, hacking cough, sharp, cutting pain, bloody or frothy sputum; in pneumonia with pleuritic pain; in cough aggravated by motion, talking, tickling in the throat or vomiting. In phthisis it controls the pain, allays the cough, and lowers the temperature.

Bryonia is positively indicated in all affections of the serous or synovial membranes, especially whenever and wherever exudation has occurred. It is more or less useful in all forms of rheumatic affections, as in rheumatic headache with sharp pain in the temples, especially the right, extending to the occiput; in frontal headache with tenderness and soreness of scalp; and in sharp pain aggravated by motion. Combined with the proper sedative use Bryonia in acute rheumatism, also in chronic rheumatism if the joints are stiff, painful or swollen. It has been recommended for scrofulous affections of the eye and ear, scorfulous ulcerations with burning, stinging pain, and also for the partial deafness following scarlet fever. It is valuable in pericarditis and endocarditis, especially if there is evidence of effusion with lowered heart power; also in acute rheumatic inflammation of the heart or pericardium. Use it in inflammation of the viscera, in peritonitis, with sharp, quick, cutting pains, elevated temperature, flushed face, and anxious expression. Here it controls the pain and lessens the inflammatory processes. It is valuable in mumps, orchitis, inflammation of the breast, with tender, swollen, knotty mammary glands; here it is usually more effective combined with Specific Medicine Aconite or Phytolacca. Try it in hepatic affections with pain or pressure, high colored urine, jaundiced skin.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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CHELIDONIUM MAJUS

An active drug is always a valuable one, but it must be given skilfully and with due caution. Such a drug is chelidonium, and its usefulness should be better known. Primarily its action is upon the portal vein, lessening the calber of its vessls both great and small. It is indicated in all cases of stasis of the portal circulation. A few minutes' reflection will convince the reader that he has many patients with chronic diseases in whom this is a conspicuous if not the predominant feature. It is a condition not recognized as a disease entity, but its removal is a great help in the treatment of any disease, of whatever name.

The specific indications as seen on the tongue are conspicuous. The tongue is broad and flabby, with indurations around the edges, caused by pressure of the teeth—in a word, it is doughy. The mucous membrance is pale, and there is dirty fur on the base of the tongue. There are many indications in other organs, but these given should suffice. The dose of the specific medicine is from five to ten drops after each meal.

AN HISTORICAL SKETCH OF TUBERCULOSIS; WITH RISE AND FALL OF THEORIES.

H. W. Felter, M.D., Cincinnati, O.

The story of the investigations into the cause and nature of tuberculosis is one of the most fascinating in all medical history. The subject may be quite naturally divided into five epochs, or periods, the earlier two of which are more difficult of separation, because in them no one individual made any epoch-making discoveries. These periods have been outlined by Whitaker. For our purpose they may be succintly paraphrased as follows:

I. The period of ancient history, marked by clinical observations only.

II. The Anatomic Period, in the 16th century, when the recognition of structural lesions was first made possible by actual observations up dead bodies.

III. (1810-1865) The announcement by Bayle and Laennec, early in the 19th century, that tuberculosis is a distinct disease, due to the deposit of tubercle, the latter being a specific substance not dependent on ordinary inflammation. The discovery of ausculation by Laennec now made it possible to recognize pulmonary tuberculosis during life.

IV. (1865-1882) The complete and definite experiments by Villemin in 1865, showing that tuberculosis could be transmitted by inoculation.

V. (1882 to date.) The discovery by Robert Koch, in 1882, of the tubercle baccillus as the specific causative factor in tuberculosis.

(I) Tuberculosis, as such, was unknown in the early history of medicine. The **disease** to which that name is now applied was, however, known as early as five centuries before the birth of Christ, if not from the dawn of history, and was included as one of several conditions to which the admirably expressive Greek name, **phthisis,** was applied. In its literal sense this means wasting, hence it was descriptive of the most characteristic clinical feature of the disease. It must also be noted that the condition we now denominate phthisis (pulmonary tuberculosis) and other diseases of the lungs accompanied by wasting of the flesh and suppurative processes were not differentiated from each other by the ancients. Phthisis, then, naturally included such disorders as suppurative pneumonias, empyema, pulmonary abscess, pulmonary gangrene,

and other lung affections which were capable of placing the victim in a wasting condition or state of consumption.

That Hippocrates II, the great "father of medicine," was familiar with lung consumption, we have direct evidence in his own writings. He classed it with the fevers and believed it to be due to mucous defluction from the brain, which, flowing down the pharynx, produced pus in the lungs. That he was well acquainted with it is clearly shown by his remarkably clear description of its symptoms, as given in his "First Book on Epidemics," one of the admittedly genuine of the Hippocratic dissertions. It is a little singular, however, that Hippocrates does not refer to it as contagious, a belief which other reliable authors record was widespread among the people of his day. Moreover, Hippocrates, in all his writings, makes no reference to contagiousness of any disease; yet the nature of contagion was then understood, and his contemporary, the historian Thucydides, in describing the plague, expresses himself in terms which admit of no doubt of his knowledge of its contagious character. Again, Isocrates, another contemporary, in writing of a case of empyema, meaning in this instance phthisis pulmonalis, makes such observations as show that it was communicable.

Lest we lack in evidence let us hear the translation of the words of the great father of medicine as he describes the disease as he saw it in Thasus (now Thaso or Tasso), an island in the Aegean Sea. The Hippocratic record reads:

"Early in the beginning of spring, and through the summer, and towards winter, many of those who had been long declining took to bed with symptoms of phthisis; in many cases formerly of a doubtful character the disease then became confirmed; in these the constitution inclined to be phthisical. Many, and in fact most of them, died; and of those confined to bed I do not know if a single individual survived for any considerable time; they died more suddenly than is common in such cases. But other diseases of a protracted character, and attended with fever, were well supported and did not prove fatal. . . . Consumption was the most considerable of the diseases which then prevailed, and the only one which proved fatal to many persons"*

Then follows a half-page of concise, direct symptoms of phthisis pulmonalis, among which are to be found, toward the end, certain symptoms such as red, painful fauces through the disease and delirium, pointing more particularly to the acute form of phthisis.

Hippocrates, moreover, seems to have been of the type of

individual most disposed to phthisis, for in the "Third Book of Epidemics," he says:

"The form of body peculiarly subject to phthisical complaints was the smooth, the whitish, that resembled the lentil; the reddish, the blue-eyed (or gray-eyed), the leuco-phlegmatic, and that with the scapulae having the appearance of wings, etc."

Let us pass along the centuries. About the 50th year of the Christian era, Cornelius Celsus recognized three forms of the disease and ascribed the causes as lack of nutrition, effect of chronic diseases, poverty, injurious medication, etc. His views were but little in advance of his predecessors, for he said the disease "begins in the head, is distilled in the lungs, which it ulcerates to cause fever; which, when quieted, returns. Cough is frequent, with expectoration of pus, which emits a bad odor on burning."

Aretaeus, the soundest clinician of his time and a physician whose life-record stands out like a bright light in days of darkness, made the next step in advancing knowledge concerning consumption when he succeeded in differentiating empyema and eliminating it from the category of diseases then included under the general term phthisis. He calls consumption **pye** and derives it exclusively from pus. The description of phthisis given by this celebrated author would do credit to any modern text-book. It is one of the most striking and graphic delineations of the symptoms and appearance of one in consumption in all medical literature. Furthermore, his treatment was remarkable for its simplicity and common-sense. As we read it we can not but feel that had the study of medical history been given more attention in our schools of medical instruction the end of the nineteenth century need not have been the earliest in which a hope of cure might have been held out to the consumptive with a reasonable prospect of fulfillment.

The treatment, both hygienic and dietetic, of this astute physician is well worth our attention. In reading it and comparing it with the treatment now in vogue, one is certainly reassured that Solomon was not far from right when he declared that "there is no new thing under the sun." The words of Aretaeus read as if penned but yesterday. They cover gestation and living on the sea; rest after gestation and anointing with oil; and milk and eggs. In speaking of milk, he says:

"If one, then, will drink plenty of this he will not stand in need of anything else. For it is a good thing that in a disease milk should prove both food and medicine."

He also advised newly-laid eggs hot from the fire, but liquid.

As we tread the upward pathway of history we find that up to the time of Galen (A.D. 131-210) phthisis was still viewed as an inflammatory suppurative and ulcerative process accompanied with fever and emaciation, and the great object in treatment was to desiccate the pus. The great Galen, whose treatment was in part a common-sense one, was partial to the sea air and sent his patients aship or directed them to avail themselves particularly of the sea air and the sulphuretted emanations about Vesuvius. His error consisted in the administration of desiccating drugs.

Thus ends the narrative of the first period in the history of tuberculosis—the period of clinical observation—covering a stretch of over 1,400 years, and with the result that little if any progress was made toward determining the true nature of the disease. However, had the dietetic and hygienic treatment instituted by Aretaeus been persistently followed out, how different might have been the aspect of the tuberculosis question today!

(II) The closing half of the sixteenth century was marked by remarkable activity in anatomic research. With this came the opportunity to observe the effect of disease upon the tissues. Autopsies and dissections revealed hardened masses in the lungs of those dying of consumption, and these were indifferently termed schirrosities or tubercles of the lungs. The term tubercle — the diminutive of tuber — a swelling, nodule, a projection, or induration—has been used since the earliest days of anatomy, hence its use in the above connection was not out of the ordinary. A new significance was now to be attached to it.

He who was to mark the beginning of the second epoch in the history of tuberculosis by an inestimable discovery was the professor of medicine at Leyden—Franciscus Deleboe Sylvius.* He was the first to accurately describe tubercles of the lungs, which he believed, however, to be enlarged, scrofulous bronchial glands, too small to be seen with the naked eye, but which in consequence of a hereditary predisposition or diathesis—scrofulous or strumous—subsequently softened or degenerated in the centers through suppuration and gave rise to cavities.

* Not the great anatomist Sylvius.

Here we have an early notice of the possible kinship between scrofula and phthisis. There is good reason to believe also that Sylvius recognized miliary tuberculosis (unknown

to the ancients) in that which he refers to as "tubercula minora." Willis, the great English physician, contemporary with Sylvius, is also believed to have recognized general miliary tuberculosis in his "materia sabulosa" strewn through the lungs in the absence of cavities. Then, for a period of about one hundred years miliary or general tuberculosis was forgotten.

The undoubted presence of miliary tuberculosis was shown as early as 1700 by Bonnett in 150 autopsies of cases marked also by the presence of cavities in the lungs. Next in importance comes the observations of Vetter, in 1803, who made a close distinction between suppurative inflammation having its type in the ulcus pulmonum of the ancients, and the formation of cavities by broken-down tubercles—thus showing his belief that cavities could arise in more than one way. He erred, however, in believing general tuberculosis and pulmonary tuberculosis to be two distinct diseases. Morgagni, the great pathologist, later concurred partially in the views of Sylvius, but opposed the accepted view that tubercles were enlarged glands, and declared the theory that phthisis originated from broken-down tubercles—an unproved assumption.

In 1780 Morton declared "tubercles, as a constant, never-failing premonitory stage of phthisis pulmonis," but this assumption was soon forgotten. Manget (1700), years in advance of general acceptance, observed miliary tubercles, comparing them to millet set (semen milii), and noting their general dissemination throughout the body. He regarded the formation of cavities as due to the softening of tubercles, as did Sylvius before him.

Stark (posthumous, 1785). however, was the first to recognize the significance of miliary tubercles, hitherto a mere curiosity, and Reed (1785) showed that miliary tubercles were structurally different from the bronchial glands.

The next step in advance was taken by Matthew Baillie, a Scotchman, who in 1794 showed that the larger tuberculous nodules in the lungs were identical in character with miliary tubercles—a view not held up to that time—and that neither size nor location, but the physical properties of the tubercles, constituted the important feature. Scrofulous matter, he called it, and compared it to fresh cheese, as had Kortum before him, in 1789. Thus we have the terms scrofulous matter, cheesy matter, and lastly, tuberculous substance, offered by Portal (in 1799) to replace the first named, introduced into medical literature. Baillie also made the important observation that scrofulous matter might show as an infiltration.

(III) It is generally accepted that the third period in the history of tuberculosis dates from the astounding announcement made by Bayle, who published in 1810 the results of his investigations, in which he asserted with great confidence that tuberculosis was not a local pulmonary process but a general disease of the whole body, developing itself from a tuberculous diathesis. He described the changes in tubercles which mark their destruction. The tubercles he described as hard, translucent and grayish bodies, which subsequently became soft, cheesy, opaque, and yellow, until finally they liquify by process of suppuration. Though miliary tuberculosis had several times been recognized, its diagnostic value had scarcely been appreciated (see Stark ante). Bayle now gave it the name "tubercle milare." Laennec, his pupil and the discoverer of ausculation, now demonstrated that tuberculosis in its early stages generally took on the form of miliary tuberculosis. Furthermore, Laennec supported the claims of Manget and Morton that cavities were only formed by the softening and degeneration of the tubercles. This was a blow to the old theory, from which it took centuries to get away, that in phthisis there is inflammation present with the consequent formation of pulmonary ulcers. Both Bayle and Laennec claimed the absence of any form of inflammation in phthisis. In this they were opposed by no less celebrated men than Broussais, who believed phthisis to be a chronic pneumonia and that tubercles were the result of inflammatory infiltration into the lung substance; and Andral, who maintained that liquid pus becoming inspissated into a yellowish, cheesy product constituted tubercle—a mere product of ordinary inflammation. Bayle and Laennec further established the disputed point as to whether scrofulosis and tuberculosis were identical, on account of the cheesy nature of the product, by affirming that scrofulosis is tuberculosis of the lymphatic gland—a view still held by most modern pathologists. The dictum of Bayle and Laennec that "tubercle is the cause and constitutes the proper anatomical character of pulmonary phthisis" was accepted by the medical world at large and remained in force until the discovery of the consumption bacillus.

In Germany, Schonlein, who in 1839 had the honor to have first given the disease its present name—tuberculosis—denied the identity of scrofulosis and tuberculosis, but his views did not overthrow those of the above mentioned French investigators, for the celebrated pathologist Rokitansky used the terms tuberculous and scrofulous synonymously. The latter, however, as well as Cannstatt and Engel, regarded tuber-

cle as the product of inflammation, but the last named finally distinguished between "true tuberculosis" and "tubercular infiltration," holding the latter only to be scrofulous. The caseation of the tubercle having become an important contention, the aid of chemistry was invoked. Tubercle was stated by Preuss (1835) to consist most largely of caseine, but this was disproved by Vogel (1845). It was next ponounced a combination of proteins, and there chemistry rested. Up to this period naked-eye investigations had been the means of study, but now the micrscopic findings of Addison marked a new era. His verdict, the first from a minute and exact examination, pronounced the tubercle a collection of epithelial cells. From now on the study of histology went hand in hand with that of pathology, and Lebert (1844), who had discovered cancer cells, announced the discovery of "tubercle corpuscles"—characteristic only of tubercles. As he found these in scrofulosis also, he regarded the two diseases identical, but, singularly, in his clinics he taught them as separate disease, but that the diseased glands were of the same nature. Lebert also taught the non-inflammatory character of tuberculosis. Both Rheinhardt and Virchow (1847) now appear and show Lebert's tubercle-corpuscles to be shrunken pus-cells, such as might be found in common pus. It was now Rheinhardt's turn to err in declaring a gray and a yellow tubercle entirely different and non-related. Virchow now made more extensive histologic investigations than any who had preceded him. He disagreed with Rheinhardt, justly claiming that the gray changed to yellow tubercle, and thought to have put forever at rest the stumbling block of caseation believed by his forerunners to be characteristic of tuberculosis and scrofulosis only—by showing that it not only occurred in abscess formation, but was a sort of necrotic process—a partial fatty metamorphosis—which also occurred in several other pathological states, as cancer, sarcomata, ulcerations of Peyer's patches, etc.

Old views of caseation still held sway in France, however, and were championed by Lorrain and Robin (1854), Cruveilhier (1862), and Empis (1865), and the new view was injected that miliary tuberculosis not terminating in caseation was not tuberculosis, but a new disease to which the latter gave the name "granulie." This he considered fatal only when occurring together with tuberculosis. Virchow, however, recognized but one disease and that as specific; Empis three, tuberculosis, granulie, and a mixture of the two.

(Continued Next Month)

NEWS ITEMS

Dr. Ira Wheeler, Fresno, a former president of the State Society, attended the recent meeting in Long Beach.

Dr. H. T. Webster has changed his address to 450 Breed St., San Leandro, Calif.

Dr. Orah Allen, San Francisco, enjoyed a vacation in Southern California last month, and attended the State meeting in Long Beach.

Dr. W. J. Couch, Detroit, Mich., a college classmate of Dr. O. C. Welbourn in the E. M. I., has been spending a few weeks in Lols Angeles, visiting relatives.

Mr. and Mrs. P. O. Collier announce the marriage of their daughter, Maurite, to Dr. Urling C. Coe, May 11, 1921, at Portland, Oregon. Dr. Coe is a prominent practitioner of the northern city and has visited in California frequently. The Journal extends congratulations.

The Glendale Research Hospital was opened with formal ceremonies on May 8th, and is a credit to the community and the doctors who have made its erection possible.

Dr. O. C. Welbourn, Los Angeles, will leave about the middle of June for a vacation and will attend the meeting of the National Association in Colorado Springs.

Dr. Irving J. Woodin, Independence, Calif., died at the Westlake Hospital, May 10th, from carcinoma of the rectum. Dr. Woodin had practiced in Inyo County for thirty years, and will be greatly missed. Hhe was seventy years old and a graduate of Long Island College Hospital, New York, 1876.

The State meeting of the California Eclectic Medical Society was well attended in Long Beach last month. The new officers are as follews: President, Dr. H. T. Cox; corresponding secretary, Dr. L. E. Rauch, and recording secretary, Dr. C. Ohnemuller. Dr. Cox is the official delegate to the National convention, and Dr. O. C. Welbourn is the alternate.

Mrs. W. E. Smith, wife of Dr. W. E. Smith, Whittier, Calif., is in the Westlake Hospital, recovering from an operation for gall stones.

Dr. M. A. Welbourn has changed his address from Hollywood to 656 South Alvarado Street, Los Angeles.

The California Eclectic Medical Journal

Vol. XLII **JULY, 1921** **No. 7**

:: Original Contributions ::

"HOW'D THEY GET THAT WAY?"

By Everett S. McClelland, M.D.

(Read before the Los Angeles Eclectic Medical Society.)

One quiet morning some time ago, in the western part of this beautiful city, a parrot was visited by two exploring goats. One goat, with a bold countenance and an apparent feeling of superior authority, butted over the bird's domicile. The door of the cage flew open and the parrot escaped to quickly fasten his talons in the goat's brazen countenance. The goat assumed many acrobatic attitudes, during which the lateral vibration of his tail attained a rapid velocity; his hoofs crackled like burning sticks under a pot, as he made other signs of great emotion. Finding it impossible to rid himself of his attachment and evidently feeling the bird's claws deepening into his anterior aspect, he commenced to appreciate more fully the place he had left earlier in the morning, and so started in that direction with the swiftness of a deer. By this time the parrot had securely anchored himself in the animal's back, where he sat with an air of security and confidence, bowing occasionally to keep his equilibrium and screaming as if to urge his conveyor on to greater endeavor. As they turned the last corner the bird fluffed up his wings and screamed, "How'd they get that way? How'd they get that way?"

"How'd they get that way?" is really a subject worthy of serious consideration at this moment of the world's stirring events. There was possibly never a time before in the history of the race when so many people were butting into other people's business, into their own business and into business of which they know absolutely nothing. When people countenanced and believed in so many foolish things, when people were groping about so insidiously after things which are new, grotesque, distorted or hideous, it would seem that

the embers of hatred, of malice, of rancor and of defeat still smoulder in such vast heaps that man's better judgment is being smudged out of consideration. It is easy to understand and it is to be expected that politics and society in general must be disturbed by a great war. It is not difficult to imagine how at any time a crowd may, without any reasonable pretext, suddenly form itself into a mob, pursue a negro and string him to a tree; or how a collection of undemonstrable individuals may act like silly children during some popular excitement, as at a boat race or at a ball game. This is only a question of psychology. We think largely as other fellows think; we act largely as other fells act; but it is difficult to understand just why so many individuals, who have formerly thought conservatively and sanely and been the leaders in stable things, should now exhibit bolshevism in most every phase of social life.

Artists painting pictures which look just as well upside down as right side up—pictures of distorted, mangled and hideous individuals. Observe this one, the original of which sold recently for 25,000 francs and is on exhibition in a European museum. "How'd they get that way?"

Listen to this poem, which actually found publication in a late "Current Opinion," the product of Carl Sandburg, the leader of the new order of "Revolutionary Poets." This is purely an American production. The subject is "My Shirt."

"My shirt is a token and a symbolt,
More than a lover for Sun and Rain;
My shirt is a signal and a teller of souls.
I can take off my shirt and tear it
And so make a ripping razelly noise,
And the people will say, 'Look at him tear his shirt!'
I can keep my shirt on.
I can stick around and sing like a little bird,
And look 'em all in the eyes and never be fazed.
I can keep my shirt on."

How similar this is to the kind of poetry one may find strewn about insane asylums?

"How'd authors and publishers get that way?"

Read a little of Read Orphen's impression of the Peace Congress, which is now making a sensation in France. This author, it must not be forgotten, was the British Official Artist appointed by Great Britain to make portraits of the noted individuals of this famous assembly. This was not written to amuse, but rather to satisfy the people's revulsion to authority.

Listen to some things he says: "The most impressive thing about them," the author goes on to say, "was the smallness of their personalities. Each strange little thing trying to make a hit. Each with his little personal ax to grind, each with his little fish to fry. Wilson pleased because his smile got into the press and his effort ever afterward to continuously show his back teeth. Lloyd George, in his little frock coat, growing hair down his back, trying to look like Asquith. Padarewski, the made-up job."

Of course the people want such stuff, but "HOW'D THEY GET THAT WAY?"

A movie picture producer, producing on a small scale, told me he had been producing what the people wanted. They want the 5-act love story, the girl either seduced or being seduced; the villain with the pistol, but, of course, getting the worst of it; the policemen "getting it in the neck"; the ridiculed minister; and especially the bedroom and bathroom scenes. "That's why we are prospering and partly why the large six and seven-reel producers are suffering just now," he said. "We make the cheaper stuff, which the people want." But "HOW'D THE PEOPLE GET THAT WAY?"

Coming to the object of this paper, it is interesting to note the status of our own profession and the art of healing in general. Consider the chiropractor, how he grows. The leaders in this cult insist that education is not a prerequisite for the study of the healing art. It is not required that an applicant be able to read, but this is acknowledged to be desirable. The course may be completed in from four to six months, with all the knowledge of anatomy, chemistry, physiology, psychology and spinal manipulation which is necessary except for the law. A physician with whom you are all acquainted, who had some difficulty in obtaining a license here, though he had practiced for twenty-five years in the East, just recently completed a Chiropractic course. He tells me that the amount of credit desired on entering the course in only a matter of asking. A one-horse preacher or politician is received with open arms and given any amount of credit he desires, because he understands something of practical psychology and is so considered a political asset. My former barber took a course, and he says that the main thing in it is to "go to it and get the dough." He blossomed into a doctor over night, because he was able to practice under the direction of his wife, who had formerly acquired a diploma. He tells me that most of the course is suggestive therapy and a constant rehearsal of marvelous cures; that the manipulation of the spine is only of secondary consid-

eration and designed to suggest "That there's something doing."

The recent election on the Chiropractic Bill demonstrated that thousands and thousands of individuals, even to a majority, I believe of about 27,000 here in Southern California, registered their belief to the effect that they do not believe that education is a necessary prerequisite to the study and practice of the healing art. A professor in a local college stated to me that he thought it an imposition to ask the chiropractors to pass a medical examination. This remark somewhat illustrates the public's comprehension of the issue, "HOW'D THEY GET THAT WAY?"

What shall we say or think of the vast number of Christian Scientists who recognize an operation of any kind as one of malpractice? "HOW'D THEY GET THAT WAY?"

We might explain this matter as simply an aftermath of the war or to the fact that we have more insane people here in Los Angeles than in any other city of its size, though this is not a popular thing to talk about. Do we have too much sunshine, too much scenery, or too many invalids congregated from all over the earth, who have exhausted the tactics of the Medical Profession elsewhere, or are there other logical reasons to account for it?

Ignorance of the Educated

About twenty years ago, when I took charge of the natural sciences in a local college, I found a natural antipathy toward the study of the sciences as part of a general education. This was especially true with reference to the study of biology. I remember of inquiring of the cause of this at that time and found the reasons to run about as follows:

(a) About 98% of the students had entered college with the idea of becoming orators. Oratory at that time was very intimately associated with elocution, including expression and fancy jesticulations. Sonorous sounds appealed to the average student more than general information, logic or common sense.

(b) Many had an intuitive dislike for dirty laboratory work—the handling of dirty things such as worms, snakes, and especially all cold-blooded animals. They seemed to even think of their own bodies as rather shameful things, to be well covered but little thought about. Ninety per cent had no interest in physiology whatever and had no interest as to what happened to vituals after being taken into their mouths. The majority of the students considered a study of the soul and of what they termed the higher faculties as of most importance.

(c) Many had a fear that the study of biology was largely a subject of where we came from. A very influential and classical scholar in this institution told me that he would like very much to have his son take a course in botany, if I would only leave out the monkey idea. He evidently thought we spent too much time on the Monkey Flower. He said he didn't care to see so much made of environments; he didn't like to see cacti growing under boxes in the dark, or potatoes sprouting around on tables in the dry air. He thought the conditions were a little too artificial to prove much. He didn't think much of our descent from the monkey family. He had evidently heard something of Darwin's idea that we may have ascended from some lower form similar to that from which the monkey had its origin during the early days of creation.

I do not relate this to ridicule a noble institution. Eighty per cent of graduates from all colleges and universities at that time were from the purely classical courses, with no more idea of the location or function of the most important organs of the human body than a monkey knows about the craters on the moon. Eighty-five per cent of educated people today have no idea of the location of even their stomachs or liver; know nothing more or the ductless glands or of the brain than they know about a dodo bird; yet the graduates of fifteen years ago are now the moulders of public thought, informing people how to vote in order that every one shall have a "square deal." I know of a club of educated people who, feeling and knowing that this is a Scientific Age and that it behooves all good citizens to get in harmony with the age, have organized a Popular Science Society, adopted various nature fakirs' books for texts, because they are interesting and readable, and thus they learn how porcupines hurl their quills at their enemies as a means of self-preservation, of how ostriches bury their heads in the sand when pursued to the point of exhaustion, of how beavers build their houses of mud, using their tails as trowels, of how cats' eyes glow in the dark with phosphorescence, and other similar things which are not true in any particular. While examining a woman's eye a few days ago, a successful salesman for a rubber tire company remarked to his mother-in-law, who was not overly fond of him, "Mother, did you see that glass funnel-shaped thing hanging in doctor's office in Minneapolis? Do you know what that is for?" "No," said the mother-in-law. "Well," he continued, "that was to wash your kidneys out with. After I returned from France I had to have my kidneys washed out every day for a month."

Some popular literature has a most demoralizing effect on

the public. A few days ago a nice, educated lady asked me if I had much success grafting eyes. I was not quite sure just what she meant by this until she continued by explaining that she had been reading about how rabbits' eyes were now being successfully grafted into blind people. She said she had seen this in the Examiner. Another lady remarked that it was certainly astonishing how the art of treatment had progressed. She said she was so pleased to know that even syphilis was now one of the most easily cured diseases without having to take nasty medicine. She said she had read about this in the Times Magazine, in an article written by the famous Harry Brooks.

If intelligent people are no better judges of anatomy or physiology or popular literature, what can we expect of the ignorant? Is it any wonder that so few know any distinction between an Oculist and an Optician, between a Physician and a Doctor? How few seem to even know that the term "Doctor" may be adopted by any one in this state, whether he simply wishes to possess a title for prestige or whether he wishes to doctor houses, rugs, cats, horses or asses. Why is it that so many intelligent people accept advice over the back yard fence with relation to their health, but always go to a lawyer for legal advice? "HOW'D THEY GET THAT WAY?"

We ourselves have a chance to partially correct persistent beliefs in popular delusions. The patient says, "Oh, Doctor, I'm so thankful that you got me well—I was so sick." At this stage the doctor may know that he was treating the patient for something else than what really ailed him, but that nature, in spite of the treatment, had asserted itself and caused the recovery. This has happened so often and we have zealously accepted all credit for so long that the public now naturally thinks that the treatment cured the case. "I was sick, but didn't take any medicine," says the Christian Scientist, and I got well; therefore Christian Science cured me." "All of the old cat's kittens were born blind, but I leaned upon Mrs. Eddy, and by the time they were three weeks old they could all see."

Carelessness in diagnosis has made many disgusted with doctors in general.

Each of you could add an innumerable number of his own to the following examples: Mr. Jones comes back from the war. Suffers with headache on the left side during the day only. Goes to the doctor. Doctor suggests an X-ray. X-ray shows a possible thickening of the dura mater. Oper-

tion suggested. Can't get the money, so is advised by a friend who had just the same trouble, to go to an optician. Optician says, "Yes, eyes out of order—must have glasses." Glasses do no good. Optician says patient must exercise eye muscles. Later another friend suggests seeing a dentist. Dentist says, "Yes"; shows patient plates taken with machine a little out of focus and advises an extraction of all the upper teeth on the left side. Teeth extracted and plate put in. No results. Patient still suffers during the day, but not at night. Always forgets about it at night. Patient still suffers. Can't work. Patient concludes he will keep on trying something. About ready for the Chiropractor, but tries one more doctor. Tells doctor how much others have tried to do. Doctor 'phones up a few. Answers: Fellow is crazy because he always sleeps well, but commences to complain when he gets up. Real trouble, a pressure of the upper turbinates and a stoppage of the left frontal sinus. All sinus troubles formerly called sun-pains start during the day, sometimes to a minute the same time daily, and stop as soon as the patient lies down.

Young Swedish boy. Has pain in the forehead. Turbinates removed. Glasses repeatedly fitted. Patient fogged until he can't see twenty feet. Cylinders prescribed. No better. Trouble, a latent (that is not apparent) external deviation of each eye to the amount of 12 degrees.

Patient lies all summer. One doctor after another visits him. No better. Patient gets disgusted; says he is going to die anyway, so awaits his time, but finally recovers. Works two more years and gets down this time with acute nephritis. Tries a few doctors again. All pronounce trouble due to overwork, etc. Patient has a good dentist, who knows all about his teeth. Albumen, blood and pus gradually increase. Wife has will made and all arrangements for funeral. Trouble, four lower incisors which never gave the patient a moment's annoyance in his life. Teeth extracted. Smell like dead mice. Albumen decreases two-thirds in four days. Patient continues to expect to die on account of general prognosis given for men of his age. Patient gets well. Thinks doctors a humbug.

Contraction of our thinking apparatus accounts for some unpopular notions people have of even good physicians. It is to be lamented that a division of labor not only in industry but in medicine, viz.: specialization, has a tendency to contract the ability for general diagnosis. Too much specialization for efficiency is sometimes as dangerous in medicine as in the manufacture of shoes.

Narrowness in religious beliefs tends to prejudice the public and weaken its faith in legitimate medicine. This is not alone confined to the Christian Scientists. Many of other denominations exclude all schools of medicine in preference to their own kind. More than one doctor has had this experience: "Do you belong to a certain creed?" asks the patient. "No." "Well, I would rather have one of my own kind, one just as nearly like the Great Physician as possible." It is difficult to understand HOW THEY GET THAT WAY. Why do the followers of the greatest and broadest mental Giant who ever trod the earth show narrowness so frequently? Could you conceive of the Physician of Galilee under any circumstances asking such a question: "Are you a Jew?" "No." "Well, I should like to see some one of my own kind, some one as nearly as possible like Abraham." But why refer only to religious beliefs? Do not physicians too often act in a similar manner when asked in consultation? "Who is he?" "A Homeopath," "an Eclectic" or perhaps "an Osteopath?" "Nothing doing; I consult only with my own kind." The lack of harmony among the educated school of medicine has been a great detriment to the advancement of legitimate medical education.

One reason which makes me believe that I was educated in a good Regular Medical school is the fact that two of my teachers argued and taught that any educated physician should use the instruments, drugs and methods which he found most advantageous in his own hands. Here are some of the jottings which I find in my note books:

"Osteopathy is good for a condition of this kind; turn the patient over to a good one."

"Better try Homeopathy as to dose on the start, remembering that too much medicine may not only defeat the purpose for which it is given, but may even aggravate the condition."

"Don't be too critical about the other fellow, no difference to what school of medicine he belongs, if he is conscientious. Watch him; you may learn something."

"I learned a great thing from an old lady in Wisconsin long after I had graduated in medicine."

"Don't estimate your ability too highly," said a teacher in physiology, "to regulate your patients' physiological chemistry; remember that no one has yet explained how a red cow can eat green grass and turn out white milk and yellow butter."

My old uncle and preceptor in medicine urged me on more than one occasion that, if I should ever take a foolish notion to write a book, which he feared I might do some time, to be sure to write on "What We Don't Know."

In conclusion, May I say that it is certainly difficult to answer the question, "HOW'D THEY GET THAT WAY?" but I am sure that certain conditions might at least help them to get some other way, viz.:

1. A broader education of the educated.
2. The education of the uneducated by saner literature.
3. Greater care in diagnosis by those who know how.
4. More harmony among the verious schools of medicine. More leniency toward the other fellow with different beliefs, looking, if we will, with full-orbed vision and not a partial one, toward the Physician of Galilee, remembering that even He, though at one time the teacher of apparently unreasonable things, the maker of apparently unreasonable claims, now, after two thousands years, commands the pre-eminence.

SPECIFIC MEDICINE VERATRUM

H. Ford Scudder, M.D.

Read Before the California Eclectic Medical Society

Specific Indications: "Full, strong, frequent pulse, surface flushed."

Although a powerful poison, Veratrum viride is, when used therapeutically, a remedy of great value and power, regular in its action, and not in the least erratic. When indicated, it is most effective in small doses, repeated at short intervals, so that a continuous action is preserved. Large doses should be avoided, except in puerperal eclampsia, as Veratrum has a tendency to produce nausea and gastric irritation. **Even small doses are contra-indicated when the patient complains of nausea,** and has long pointed tongue, reddened at tip. In the treatment of children and feeble persons, Specific Medicine Aconite acts more satisfactorily, Veratrum being a better remedy for adults than for children. Veratrum is the remedy best adapted for all sthenic conditions, and is indicated in the beginning of all sthenic fevers, with full bounding pulse, engorged tissues and fullness of the capillary circulation. It is especially indicated in all cases of obstruction of the venous capillary circulation, where the face is flushed but usually full, dark, dull,

the skin soft and covered with warm perspiration. Here Veratrum relieves the arterial pressure and assists in removing the venous obstruction. Veratrum is valuable in acute pneumonia, especially in the beginning of the disease in strong, vigorous patients, and combined with Specific Medicine Bryonia, in bronchitis or in pleurisy. Veratrum possesses marked expectorant and alterative qualities, and it is therefore valuable in the treatment of chronic pulmonary affections, chronic bronchitis and chronic pneumonia, controlling the temperature, aiding expectoration and quieting the cough. Combined with Specific Medicine Gelsemium, I have found Specific Medicine Veratrum a most valuable and dependable remedy in the treatment of epidemic influenza. I also use it locally in tonsillitis, ℥i in water ℥iv, as a gargle, or applying it over the tonsils with a camel's hair pencil.

When properly indicated, Veratrum is useful in peritonitis, especially puerperal peritonitis, also in pelvic peritonitis due to septic absorption. Here, in large doses, it readily checks the inflammatory processes and reduces the temperature. It is also useful in peritoneal inflammations, nephritis, cystitis, hepatitis, orchitis and ovaritis. For years it has been used with wonderful success in the treatment of puerperal convulsions. Here full doses are employed, gtt. v every half hour for four or five doses, then giving it in half-drop doses.

Veratrum, used both internally and externally, is the best remedy we possess for the treatment of erysipelas. Give it internally, gtt. xx-xxx, in water ℥iv, teaspoonful doses hourly, and apply the Specific Medicine locally, by means of a camel's hair brush. It has likewise been used with success, locally, in the treatment of boils, pimples, felons and cellular inflammations.

SPECIFIC MEDICINE NUX VOMICA (COLLOIDUM)

H. Ford Scudder, M.D.

Specific Indications: "Fullness or yellowness around the mouth; abdominal or gastric pain pointing towards the umbilicus."

Nux Vomica is the remedy for atony, either local or general, and is indicated in all cases where there is impairment, lack of tone, or feebleness in the gastro-intestinal apparatus. It is contra-indicated in inflammatory conditions. Nux in small doses is a tonic, increasing the appetite, regulating the secretions, and aiding the digestive processes. It is also useful in the vomiting caused by reflex action, such as the per-

sistent vomiting of pregnancy, the regurgitation of food in hysterical conditions, and the vomiting following severe cough in the latter stages of phthisis. To arrest nausea and vomiting due to atonic conditions, give it in small doses, as follows: Specific Medicine Nux gtt. ii-iii water ℥iv. M. Sig. A teaspoonful of the mixture, half-hourly.

Nux Vomica is indicated by sallow appearance of the skin, sallow circle around the mouth, yellow, pasty coated tongue, soreness and pain in the region of the liver, pain in the right hypochondrium extending to side and shoulder, and yellowness of the conjunctivae. Use it in all cases of congestion of the liver, spleen or sluggish portal circulation with the above indications, also in bilious sick headache, and bilious intermittent fever. It is the remedy for colic due to atony, as suggested by abdominal fullness, sharp pain in the region of the umbilicus, and general torpor. It is of marked value in the treatment of cholera infantum, cholera morbus and the diarrheas of children during hot weather, the same condition of atony being present.

Nux is about the best of the restorative tonics. Use it in all debilitated conditions with lowered blood pressure, in convalescence from protracted fevers, after pneumonia, and in all conditions where the nerve force has been run down or exhausted. It is valuable in all chronic disorders of the stomach with general malnutrition and impaired power of digestion. Here it stimulates the nervous system, and aids in restoring a normal condition of digestion and assimilation. Being a spinal stimulant, it is largely employed for its influence on the nervous system. Use it in typhoid and asthmatic conditions, with impairment of spinal innervation and difficult respiration. It is a tonic to the urinary organs, especially the muscles of the bladder. Use it in retention of urine due to paralysis, when there are no evidences of inflammation; also in vesical catarrh, nocturnal seminal emissions, and in nocturnal incontinence of urine due to atonic conditions. Specific Medicine Nux is a stimulant to the male reproductive organs, and is of great value in impotence. For acute heart failure, use alkaloid, strychnia, hypodermically; also for alcoholism, dipsomania and surgical shock.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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GLADITORIAL SHOWS

From the beginning even unto the present time men have contended one with another in deeds which required courage and skill. Some men stirred to action by the applause of the onlookers, but for the majority it was the expectation of pecuniary gain. Usually such contests are called athletic sports and they are supposed to entertain and instruct the people, with the emphasis on entertain. The fact that vast crowds will pay real money in order to witness a baseball game, a pugilistic encounter or an automobile race would seem sufficient proof that they receive pleasure therefrom. Furthermore, to the casual observer of such crowds it appears that the element of danger has a particular fascination. It is a well known fact that the gate receipts for an automobile race are dependent upon the belief by the people that someone will be injured—maybe killed. The greater the supposed danger the greater the receipts. And, should it be a road race, the onlookers congregate at the point of greatest danger, commonly called by such a thrilling title as "death curve." Of course, they "hope nobody will be hurt, but still if it must be, etc., etc.

Clearly they do not intend to miss anything, they are determined to get their money's worth. And for the sake of this money the drivers flirt with death.

Are we less blood-thirsty than the ancient Romans?

AN HISTORICAL SKETCH OF TUBERCULOSIS WITH RISE AND FALL OF THEORIES

H. W. Feltes, M. D., Cincinnati

(Continued from June Journal)

Niemeyer (1866) next studied the relationship of tuberculosis to phthisis, of which he recognized two kinds, one originating in tuberculosis and the other in chronic catarrhal pneumonia proceeding to caseation and consequent tissue destruction. Acute miliary tuberculosis he regarded as the result of phthisis. Niemeyer did not believe in the unity of phthisis and tuberculosis, for he said in one of his lectures, "The greatest danger to most phthisical patients is the development of tubercle."

In 1857 Buhl reported finding either cheesy nodules or cavities in twenty-one out of twenty-three cases of acute miliary tuberculosis and hazarded the assumption, later found to have been advanced upon superficial and very insufficient examination, that in tuberculosis the infection originates in a primary center or focus in cheesy matter and then progresses by absorption centrifugally. He feebly rejoined, when questioned concerning those cases in which no cheesy nodules could be found, that they were probably too small to be observed. Notwithstanding his vacillations and uncertain conclusions, he was one of the first to speculate concerning a specific virus as a cause of tuberculosis—a view in which Niemeyer, who followed many of Buhl's changing theories, could not acquiesce, nor could he support the former's belief in the constancy of the infecting center, a position which Buhl himself subsequently modified. Buhl regarded caseation as due to a kind of compression anemia.

While some of Buhl's theories are not recognized as sound and are held as unsustained by proof, the suspicion he entertained concerning a virus seems to us significant as leading to investigation which led directly to two conclusions—that tuberculosis has a specific cause and that it is infectious. Yet today authors concede to Buhl a high place in that, next to Laennec, he had made the real advance in the conception of the pathology of tuberculosis by his hypothesis that miliary tubercle was "due to the absorption into the blood of matter from non-escapsuled yellow tubercle," or "a tuberculous caviy in the lungs."

Owing to lack of definite results, post mortem examinations upon phthisical subjects were becoming infrequent and

of little consequence in the elucidation of the nature of tuberculosis. Nevertheless, in the field of pathologic histology men were still active. Wagner had made some observations on the fibrillary and cell elements of tubercle, and Langhans noted the cells which made his name famous—the giant cells of Langhans—yet the results of both these observers had previously been attained by Virchow. Knauff, in 1867, described tubercles as derived from embryonic cells of lymphatic origin, and Klebs (1868) as endothelial cells of the lymphatics, while Schuppel thought tubercles were of embolic origin and directly transitional from white blood discs—a view practically in accord with that previously advanced by Addison, who, as we have seen, first subjected tubercles to close microscopic scrutiny. Much histologic investigation was now carried on with the usual amount of antagonistic results. The presence of giant cells for a time occupied the fore ground of controversy, until it was finally shown by one observer after another that they were present in a great variety of disorders and could be artificially produced by implanting objects of microscopic smallness, subcutaneously. Friedlander and Koster were most active in promoting the giant cell theory, and the former, though upon mistaken histological ground, arrived at truth in showing lupus to be a localized tuberculosis, and at error in placing cancer and several other disorders in the same category. On the contrary, Herring (1873) showed that giant cells are never found in certain tubercles, and Jacobson (1875) showed their presence in common granulating wounds. Baumgarten and Ziegler finally completed the overthrow of the giant cell theory of tuberculosis.

Thus, if we except the hypothesis of Buhl regarding the nature of miliary tuberculosis, we can scarcely see that pathology and histology had as yet contributed materially to establishing the cause and nature of tuberculosis. Heitzman wrote, in 1874, that to that time no perceptible knowledge concerning the morbid anatomy of tuberculosis had been acquired as the result of these years of investigation.

(IV) The Fourth Epoch in the history of tuberculosis began when Villemin announced in 1865 that he had succeeded in producing tuberculosis by inoculation. It must not be inferred, however, that the method had its beginning then, for it had been practically under investigation all through the century, and went side by side with the anatomic and histologic studies, and was practiced by some of those who had worked in these lines. The greatest among these, Laennec, was accidentally and successfully inoculated by sawing his

index finger while making a post mortem examination of a tuberculous subject. A nodule developed and passed away without apparent systemic infection. He died a martyr to his work, however, less than a quarter of a century thereafter; but, as he appeared not to have had any intercurrent trouble from his wound, it is generally thought that his death from tuberculosis was not due to the injury then sustained. The first inoculation date known is 1789; the experimenter, Kortum; the subject, a boy; the material, scrofulous pus; and the result, negative. Goodland (1829), Deygallieres (1829), and Lepelletier (1830) experimentally and successfully inoculated themselves. In 1826 Cruveilhier began systematic experiments and showed that nodules could be produced from the injection of mercury, and concluded therefrom that nodules were not specific. A long line of investigators followed in many lines upon many animals—some with tuberculous matter, some with non-tuberculous matter, and some with various chemicals and foreign substances; and some by traumatic force. The artificial production of nodules was unquestioned, but the unity of nodules and human tubercles was only partially proved in those cases in which tuberculous matter had been used, and even this often failed.

According to Spina, "the first experimenter who purposely and successfully produced infection by the inoculation of tuberculous matter seems really to have been Sevell. Matter from the tubercles of horses' lungs was employed by him, and he believed that 'pus from tubercles just as surely produced tubercles as that one potato produces another.'" The first public announcement of successful inoculation with miliary tubercles and infiltrated tuberculous matter (but upon rabbits) was made in 1843 by Klencke. And yet twenty-two years thereafter Villemin gave the world the results of his experiments, and to him has been given the credit of establishing the fact that tuberculosis is inoculable. The experiments of the latter were extensive, conclusive, and confidently published. Following came the confirmatory and beautiful experiments of Cohnheim, working with Salomonson, who injected a perfectly fresh piece of tubercle into the anterior chamber of the eye of a rabbit. A slight reaction took place, but in a few days the fragment could be observed through the cornea. This would then diminish in size, or perhaps wholly disappear, when, in from two to three weeks after inoculation, a small crop of grayish granules appeared on the iris; these grew in size and caseated, and finally general tuberculosis resulted. Thus these experimenters helped fix

the fact that tuberculosis is a specific inoculable disease.

Among others who took a prominent part in inoculation experiments were Vines, Panum, Lebert and Wyss, A. Vogel, Herard and Cornil, Colin, Pidoux and Paul, Marcet, Empis, Feltz and Clark, Simon and Sanderson, Wilson Fox and Waldenburg. Many of these sustained Villemin in all or some points, while others were antagonistic. None, however, doubted the ability to produce nodules, but all did not agree to the nodule being tubercular or capable of transmitting tuberculosis.

Inhalation experiments were inaugurated by Knauff in 1867. The field was also subsequently worked by Ins, Ruppert, Guenther and Harms, Tappeiner, Lippl, Schweinger, Schottelius, Weigert, Gibboux, Bertheau, Weichselbaum and Balough. Experiments were variously conducted with coal-dust, Berlin blue, cinnabar, limburger cheese, fungi, feces, debris of brains, pebble dust, lampblack, breath of tuberculous cows, particles of tuberculous sputa, pus from scrofulous lymphatic glands, breath of tuberculous women coughed into a box containing rabbits, rod-shaped bacteria from putrid marsh water, etc. The results were that all substances inhaled in a state of minute division were capable of producing nodules in the lungs—but it had not been satisfactorily settled that such nodules were necessarily tubercular.

Klebs (1868) was the first to try feeding substances contaminated with tuberculous matter to small animals. He was followed by many others, some of whom boiled the tuberculous matter. Both positive and negative results were obtained.

Experiments with tubercle virus, if such it could be called, were carried on in this period, too, and of especial interest are those of Klebs. Buhl had predicted the presence of both globular and rod-shaped micro-organisms in cheesy centers and giant cells of tubercles, and advanced the opinion that such bacteria might be the "materia peccans" of tuberculosis. This was strongly contested by Waldenberg, Wolff, Friedlander and others who were unable with better facilities than Buhl to identify such bodies. Klebs instituted experiments in 1877 with the result that he claimed to have discovered a micrococcus to that time unknown which he named monas tuberculosum, and by which he could produce tuberculosis. Time, however, has proved his error.

(V) The Fifth and last epoch in the history of tuberculosis dates from the great discovery of the specific bacillus of consumption by Robert Koch in 1882. Opposition, of course,

was not wanting, but it is now pretty well agreed upon, as Tyson says, "that all phthisis is tubercular."

Koch first cultivated the bacillus outside the body, on the surface of heated blood serum. The human morbid products employed were: (1) miliary tuberculosis; (2) pulmonary phthisis—(a) open cavities, (b) closed cavities, (c) caseous pneumonia; (3) scrofulous glands; (4) tubercular testicle; (5) fungous arthritis; (6) lupus. He also used products from bovine tuberculosis and from guinea pigs by inoculation with human tuberculous matter.

Koch, from the great number of experiments successfully carried out, naturally suspected that the bacillus discovered by him, and which was so distinct from other known bacteria and which he found constant in all tubercular diseases of man and animals, was the specific cause. Of his first position he says: "It does not follow, however, that the bacilli thus found are the cause, the starting point of tuberculosis; although the fact that the bacilli are found in those points especially where the tuberculous process is just beginning, or is progressing rapidly, and disappear when the diseased process ceases, rather favors this supposition." Having found the germ, he proceeded to prove, if possible, whether or not it was the specific cause. A large number of inoculations were now made with constant and invariable confirmatory results. He now conclusively asserted that bacilli were not only attendant upon tubercular conditions, but were the specific cause for such maladies. No longer could the theories of peculiar anatomic or histologic structure of the tubercle, or their want of blood vessels, or the presence of giant cells be counted upon as causes, nor was it longer necessary to be in doubt concerning the diagnosis of tuberculosis. Not alone did he settle these points, but he declared identical the following disputed maladies: Milary tuberculosis, caseous pneumonia, caseous bronchitis, intestinal tuberculosis, murrain (tuberculosis of cattle), and inoculation of tuberculosis in animals. Many views have been introduced to controvert in one way or another some of the claims of Koch, but today he stands the undisputed discoverer of the cause of tuberculosis.

Thus we have traced the five great periods in the history of the inquiry into the cause and nature of tuberculosis, and have shown the rise and fall of consecutive theories of causation, but without the fall of the last. We have seen the theory of the ancients—that it arose from pus—come, linger many centuries, and then go; we have noted the anatomic theory of nodules and later the pathological period of tubercles,

only as steps in progress, and then to fall as theories of causation. Approaching more nearly to the truth came the theory of a specific virus, which in turn took its place in the archives of past errors to make room for the most plausible, best sustained and least antagonized theory even in a day of greatest enlightenment and working equipment—the theory of the presence and specific action of the bacillus tuberculosis of Koch in all tuberculoses.

We have traced the history of tuberculosis (first) as a supposed supurative process; (second) then as nodules, seen in the third period to be distinct tubercles; (third) as tubercles containing a virus; and (fourth) virus taking shape in the tubercle bacillus.

Dr. R. L. Thomas, in the Eclectic Practice of Medicine, writes: "For twenty-five centuries this roe of the human race has steadily marched the highways of life, his victims increasing in numbers with the advance of years, and the twentieth century is compelled to record the awful fact that, notwithstanding our great advance in hygienic and sanitary measures, and notwithstanding our increased knowledge of this devasting scourge and all our prophylactic means, one-seventh of all deaths recorded are due to this disease."—Transactions of National Eclectic Medical Association, Vol. 35.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

The 48th Annual Convention of the Eclectic Medical Society of the State of California was held Tuesday and Wednesday, May 17 and 18, 1921, in the Civic Auditorium, Long Beach, California, with President Dr. D. A. Stevens in the chair.

Because of the fact that professional work at this time made it difficult for the members to be away from their business for three days, the usual length of the session, this session was limited to two days, and was of necessity strictly business; no time being spent in social affairs, or entertainment.

The address of welcome was delivered by Dr. W. E. Daniels of Long Beach, was short and to the point.

The President's address was very interesting, comprehensive, and plain spoken; covering the present conditions as affecting our School of Practice and our Society, not omitting a few flings at so-called regular and irregular practice, and stating facts generally, both pleasant and unpleasant.

The attendance was good; much better, in fact, than last year. Those in attendance from up State were: Dr. Anna L. Bond of Lindsey, and Dr. Ira Wheeler of Fresno.

The following officers were present: President, Dr. D. A. Stevens; Corresponding Secretary, Dr. W. E. Daniels; Recording Secretary, Dr. H. C. Smith; and Treasurer, Dr. J. A. Munk.

The program was not long, but sufficiently so for the limited time of the session. The papers were both interesting and comprehensive, and were as follows:

Shall We Induce Labor?.....Dr. W. E. Daniels, Long Beach
A Case of Pleurisy.....Dr. Laura E.Rauch, Long Beach
Veratrum.....Dr. H. Ford Scudder, Los Angeles
Therapeutic Value of Modern Methods of Treatment
Dr. Ella Mansfield Caryl, Los Angeles
The Importance of Microtome Section Prior to Hysterectomy.....Dr. T. C. Young, Glendale
Acute Laryngeal Tuberculosis.....
.....Dr. A. S. Tuchler, San Francisco
Endocarditis.....Dr. H. V. Brown, Glendale
Fracture of the Patella....Dr. O. C. Welbourn, Los Angeles
Drugs and the Laity.....Dr. H. C. Smith, Glendale

During the past year several delinquents were reinstated into active membership.

Dr. Chas. H. Upton, of Los Angeles, a graduate of Bennett Eclectic Medical College, made application for membership in the State and National. The application was favorably acted upon and he was elected to such membership.

During the year Death had called Drs. J. C. Stout and James Stark of Oakland, California, and Dr. W. E. Ferguson of Santa Ana, active members; Finley Ellingwood of Chicago, honorary member, and several ex-members of the Society from our midst. Resolutions of condolence were adopted, ordered spread upon the minutes, and copies sent to their families.

The following officers were elected for the ensuing year:

President—Dr. H. T. Cox, Long Beach.

First Vice-President—Dr. J. C. Reinsmidt, Los Angeles.

Second ice-President—Dr. Anna L. Bond, Lindsey.

Corresponding Secretary—Dr. Laura E. Rauch, Long Beach.

Recording Secretary—Dr. Catherine Ohnemuller, Los Angeles.

Treasurer—Dr. J. A. Munk, Los Angeles.

The business of the convention finished, the Society adjourned to meet again in May, 1922, at a place to be chosen by the President and Secretaries.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May 17-18, 1921, Long Beach, Cal. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1921. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

NEWS ITEMS

Dr. John P. Martin has changed his address from Stockton, California, to Hanford, California.

Dr. W. O. Hoffman has changed his address from Chicago to Morenci, Michigan.

Dr. T. J. Anvers has changed his address from Tampa, Florida to Lake Helen, Florida.

Dr. H. T. Cox of Los Angeles, the president of the California State Eclectic Medical Society attended the National meeting in Colorado Springs.

Dr. O. C. Welbourn, Los Angeles, has returned from a vacation spent in Colorado, during which time he attended the meeting of the National Society in Colorado Springs.

The California Eclectic Medical Journal

Vol. XLII **AUGUST, 1921** **No. 8**

:: Original Contributions ::

DRUGS AND THE LAITY

H. C. Smith, M. D., Glendale, Cal.

(Read before the California Eclectic Medical Society)

The term, drugs, is rather comprehensive, even from the professional standpoint, but to the laity it indicates one of two things; first, something that may be obtained in any ultra-modern drugstore, be it roast-beef sandwich, salts, toilet paper, or other equally useful articles. Second, something that is administered by a physician, which they are usually afraid to take, fearful that it may not taste pleasant, or that some of their friends may be Christian Scientists and may be displeased, critical or supercilious, or chiropractics and not believe in "poison drugs."

Surely, times have changed since father was a boy. Twenty years ago the physician who failed to prescribe two or more kinds of medicine for a patient was considered rather negligent and not properly interested in said patient's welfare.

Today, the pendulum has swung in the opposite direction until the average physician is apologetic if he feels it absolutely necessary to administer a drug for the cure of the patient.

Today, having nerved himself to the point of administering what is essential to the welfare of his patient the physician comforts himself with the thought that the results obtained therefrom will be sufficiently discernable upon his next visit to justify him, for his temerity, even in the eyes of critical friends and neighbors, only to find, upon making his next visit, that the patient, nurse, family, friends, neighbors, or all, have become alarmed after the first dose or two and have substituted some harmless, simple home remedy, such as turpentine, carbolic acid or corrosive sublimate, and look at him coldly

and reproachfully because they can see that the patient "is not as well today as she was yesterday."

The neighbor who has called him from his repose nights innumerable to relieve her of her hysterical attacks, but has since gone into Christian Science, tells the others in an audible voice that the patient would not need "them nasty poison drugs if she was in Science."

Another is telling, also audibly, and obviously, that So-and-So had that same trouble and had a chiropractic "Doctor" and was well the next day. In fact, the atmosphere is surcharged with the message that they are fully cognizant of his supreme ignorance of the proper treatment of such cases.

This is the psychological moment to enlighten them as to some of the fundamental scientific facts regarding mankind in general and themselves in particular: to tell them that their bodies are composed of solids and water; the solids consisting of carbon (C), hydrogen (H), oxygen (O), nitrogen (N), calcium (C), phosphorus (P), iron (Fe), clorine (Cl), sodium (Na), potassium (K), sulphur (S), magnesium (Mg) and iodine (I); the water, consisting of hydrogen (H) two parts, and oxygen (O) one part. To tell them that their food is composed of these same identical elements, consisting in the main of carbohydrates and hydrocarbons, composed of carbon, hydrogen and oxygen, of proteins, composed of the same elements plus nitrogen, and the balance made up of the other elements necessary for the various tissues. Also, to tell them that the drugs that are dispensed to them for the purpose of healing their diseases are composed of carbon, hydrogen, oxygen and nitrogen, with a dash of iron for the blood, a bit of calcium and phosphorus for the bones and nerves, some sodium, potassium, etc., to maintain the neutrality of the blood, etc., etc.; just a few of the million and one other simple facts that are necessary parts of his knowledge of their lives and activities.

Not that his flow of eloquence and scientific knowledge will help him any in this particular case, for they have already sent for the chiropractor to come as soon as he has left the house; but it will stop their clacking while he is there, relieve his mind and refresh his memory, and perhaps, some of his information might stick in the minds of some of them, to bear fruit later.

'Tis said: "Where ignorance is bliss, 'tis folly to be wise." Perhaps so! However, it is my belief that ignorance

is rarely blissful, except, perhaps, to the ignorant one, his associates usually having to suffer for his ignorance.

Of course, all are ignorant, our individual ignorance being a matter of kind and degree; but it is very much the fashion in this so-called enlightened age for the laity in general to not only be ignorant of the simplest fundamental principles of medicine and the advances that are being made so rapidly in that science, but to parade that ignorance, frequently and blatantly.

Trained nurses, so-called. are among the most frequent and flagrant offenders; their infinitesimal knowledge of drugs being made the most of, and magnified to the point where it assumes formidable proportions in their own minds and colossal proportions in the minds of the ignorant laity, giving it a weight with them that it is almost impossible to counterbalance, even in the minds of the more intelligent and open-minded.

While it is true that the administration of drugs is but a fraction of our therapeutic activities, that fraction is so important that the conscientious physician will be slow to surrender that part of his armamentarium merely to pacify the whims of the ignorant public.

If drugs were guilty of only half the crimes that have been ascribed to them during the decade just past by the so-called drugless practitioners and the drugophobists among our scientific friends, the great European conflict would have been impossible through lack of participants, and the millennial dawn, supposed to be just beginning, would be about a thousand years nearer.

Professor Locke used to tell his students to "be piggy, or be puppy," telling them a story of a drunken Irishman and some waggish friends to illustrate his point. An Irishman started home with a pig that had been given to him in a sack, but stopped at the first saloon to quench a chronic thirst, leaving the sack outside the door. Some waggish friends substituted a puppy, and followed him to watch results. He had not gone far until the puppy began to whine, whereupon he stopped to investigate. He rubbed his eyes a few times, then made a beeline for another saloon to get something to clear his vision, again leaving the sack outside the door. The wags again made an exchange. The Irishman came out, wiped his mouth and cautionsly peered into the sack. "Thank God," he said, and started off whistling. This soon dried his whistle, and he set his sack down before another saloon and proceeded

to liquidate. The wags again exchanged the pig for the pup. The Irishman started blithely on his way, but the pup began to whine again. Into another saloon he went post haste to get another drink, and the wags exchanged the puppy and the pig. The Irishman came out ,opened the sack carefully, saw the piggy, grabbed the sack in both hands and started for home as fast as he could navigate, saying: "Now, begorra, you be piggy or you be puppy."

It seems to me that Pat's advice to the pig is very appropriate for our use. Either we should join the ranks of the so-called drugless healers, we should be out and out prescribers of drugs; giving our patients to understand that the administration of drugs is not only an important part of our therapeutic measures, but that their composition and actions are known, and they are given for certain definite results. Also, that they are to be taken according to directions.

Be piggy or be puppy.

SPECIFIC MEDICINE IPECAC

H. Ford Scudder, M. D.

Specific Indications.—"Irritation of mucous membranes, with increased circulation."

Through its marked action on the pneumogastric nerve, Specific Medicine Ipecac is a most satisfactory emetic. Use it as an emetic in cases of irritation of the stomach, due to undigested food, in acute indigestion, in bilious attacks with sick headache, in threatened suffocation in mucous croup, and in membranous croup.

Ipecac is especially the remedy for children. Use it in whooping cough as well as croup, or in bronchitis in children with sudden onset, dry croupy cough, and lack of secretion. In acute bronchitis and the pneumonias of children, use it in combination with Specific Medicines Aconite or Belladonna. Small doses are preferable, as for example, ℞ Specific Medicine Ipecac gtt. v, Water ℥iv. M. Sig. A teaspoonful of the mixture, hourly. In cases of cholera infantum, Ipecac acts as a specific ,allaying the irritation of the stomach, checking the frequency of the evacuations and restoring normal tone and functional activity to the bowel. It is especially valuable in the diarrhea of teething children with white coated tongue, and offensive green or bloody stools.

As Nux Vomica is the remedy for atony, so Ipecac is the remedy for irritation. It is used with marked success in irrita-

tion of the bronchial, gastric or intestinal mucous membrane. It is also valuable in the latter stages of pneumonia, to restore normal condtions to the lung cells. Try it in all coughs, from whatever cause, where there is a lack of secretion. It has proven a valuable agent in the treatment of spasmodic asthma, laryngitis, in hoarseness or congestion of the vocal chords resulting from cold, and in catarrh, pharyngeal, laryngeal and nasal. Briefly, Ipecac is indicated in all cases of irritation of the air passages with difficult asthmatic breathing and difficult expectoration. It is called for in irritation of the stomach, in nausea and vomiting when the tongue is narrow and pointed. Use it in all cases of muco-enteritis, diarrhea and dysentery, in small, frequently repeated doses, combining it, generally, with small doses of Specific Medicine Aconite. Combining it with Specific Medicine Gelsemium, try it for dysenteric tenesmus. It is effective in chronic diarrhea with gastric irritation, and dysentery resulting from colds, in small doses, alternating with bismuth subnitrate.

Specific Medicine Ipecac is a splendid remedy in the treatment of passive hemorrhage, whether from the stomach, bowels or uterus. I use it here with satisfactory results, in small doses, frequently repeated. It is valuable in epistaxis, hemoptysis, bleeding piles, bleeding from the urethra with difficult urination, post-partum hemorrhage, menorrhagia and hematuria. In the well known form of Alcresta Tablets of Ipecac (Lilly), it is successfully employed in the treatment of pyorrhea alveolaris, with receding, sore and bleeding gums.

SPECIFIC MEDICINE PHYTOLACCA

H. Ford Scudder, M. D.

Specific Indications: "Pallid mucous membranes, sense of irritation and burning when epithelium is removed, vivid red exudation in patches, mammary fullness with pain."

Phytolacca has a specific action upon the mucous membranes and the glandular structures, and is useful in all cases where there is a sluggish, languid condition of the blood vessels and absorbents. Its most direct action is in inflammation of glandular structures, especially the lymphatic glands. It directly influences the mammary glands, and is most valuable in the treatment of inflammation of the mammary gland with threatened abscess, or when abscess has already formed. Use it here, both internally and locally. Use it in inflammation of the breasts in nursing mothers, for sore nipples, pain in the

breast, and for those cases that exhibit a morbid sensitiveness and tenderness of the breasts at the menstrual period.

Specific Medicine Phytolacca is a valuable agent in the treatment of mumps, especially when metastasis to the testes has occurred. It is also extensively used in goitre, ovaritis and orchitis. It is exceedingly useful in treatment of disorders of the liver with enlargement and induration, pain and soreness in the right hypochondrium, and a general torpid condition of the organ.

In the treatment of sore mouth, whether in adults or children, Specific Medicine Phytolacca is an excellent remedy. Use it in tonsillitis or inflammation of the throat with pain in side of neck and root of tongue, in tonsillitis with rheumatic aching throughout the body, and in all acute inflammations of the throat, as in pharyngitis or laryngitis. It is especially valuable in non-malignant diphtheria and diseases of the throat with the formation of a false membrane, as in membranous and spasmodic croup. Here it should be combined with the other indicated remedies.

Phytolacca is a powerful alterative, acting as a stimulant of the mucous surfaces and absorbents, increasing waste and improving nutrition. Try it in all chronic diseases where there is impairment of secretion, absorption or elimination. It is valuable in gonorrhea, leucorrhea or syphilis, especially in the tertiary stage, in scrofula, psoriasis, old varicose ulcers, skin abscesses, fissures and boils. It has a kindly and beneficial action in the glandular and skin disorders of children and in the beginning of eczema, as well as in the chronic form of eczema of a dry character, with cracked and fissured skin. Phytholacca is efficient in rheumatic conditions with faulty elimination, especially in the chronic form of articular rheumatism.

AUTO-INTOXICATION

J. R. Borland, M.D., Franklin, Pa.

It is but within a few years that much deserved attention has been given to this subect. Auto-intoxication—toxemia, as it has more recently been called—must be regarded rather as a condition than a disease, a functional ailment for want of proper action of some one or more vital organs. There can be no doubt that the large majority of cases originate from constipation of the bowels, while others originate for want of proper action of the liver or kidneys, which fail to eliminate the toxins.

There are but few diseases that do not owe their incipiency to the accumulation of toxins. Auto-intoxication means, of course, poisons generated in the system—**self-poisoning.** It precedes the advent of 'most all acute and chronic ailments. It is "the shadow that goes before"—a veritable Pandora's box, from whence escape the many diseases which afflict humanity. Dr. Oliver, in preface to Bouchard's "Auto-Intoxication," says: "Bouchard deals with subjects of every-day interest to the medical practitioner. Many of the facts therein alluded to can no longer be ignored. Putrefacive processes in the intestinal canal, and the development of physiological and pathological alkaloids, play an important part in many diseased processes, until recently unknown or misunderstood." Oliver says: "Death frequently carries off, in a few hours or days, individuals who are in the prime of life and apparently in good health, and at whose post-mortem the most careful examination fails to reveal alterations of structure such as can explain the fatal stroke." He further says: "The one inevitable circumstance surrounding the development of ptomaines is the part played by bacteria. As ptomaines owe their origin to the activity of micro-organisms, it must follow that the alkaloid formed will depend upon the peculiar bacterium present, the nature of the material acted upon, and probably, too, upon the health of the individual in whose body the putrefactive processes are taking place. Bouchard, in his 'Auto-Intoxication,' clearly indicates to us that man is constantly standing, as it were ,on the brink of a precipice; he is continually on the threshold of disease. Every moment of his life he runs the risk of being overpowered by poisons generated in his system." Bouchard further says: "If the causes are innumerable, you know that the process following those which induce disease can be relegated to **four types.** These are (1) primary elementary dystrophies; (2) nerve reactions; (3) disturbances antecedent to nutrition, and (4) infection." After stating what he means in regard to the first three processes, he says :"Infection is the last of the four pathogenic processes. There are traces of this notion very far back in the past, but it has assumed form only within the last quarter of this (nineteenth) century. It is what we call, or it is what now particularly deserves to be called, contagium vivum. At the present time the living nature of contagious material is beyond all question."

Dr. A. B. Conklin, of Ambler, Pa., says:

"In all cases where toxic products formed in the intestinal canal are not converted by the liver into harmless products; in auto-toxemia from faulty metabolism, with impaired renal

elimination; in the infectious diseases; in febrile diseases, and in all diseases marked by increased metabolism or the wasting of tissue, the fluids of the body, the blood and lymph especially, the circulating nitrogenous waste products of more or less toxicity, that are either the direct cause of disease or have an influence in shaping its severity."

I quote from Dr. Abbott, of Chicago, who says:

"By the operation of our vital functions we are incessantly producing certain toxins, which are formed in every cell of the body. Toxins are also generated in the alimentary canal, especially when feces are retained beyond the normal period in the large intestine, where they are beyond the disinfecting influnce of the gastric juice and other digestive secretions. Other toxins are contributed by the food and its decomposition products. We are saved from death, due to overwhelming quantities of these toxins, by the constant elimination going on by the skin, liver, lungs, kidneys and intestines. If the lungs cease to act, death comes in a few minutes. If the kidneys go on a strike, it is a matter of some hours—Bouchard gives the exact number. The importance of skin elimination was learned by accident, when a child who had been gilded died quickly of 'suffocation.' Total inhibition of hepatic or intestinal function is as surely fatal, though a longer period is necessary. To a certain degree impairment of the eliminating action of either of these emunctories is complemented by an increase in the action of others, but there are much closer limits to such vicarious action than most physicians realize, and it may be attended by special disadvantages, such as skin diseases, occasioned by the passage of morbid substances through the cutaneous tissues. Interstitial nephritis is usually attributable to the same cause. The principal source of these is the alimentary canal. When fecal matter is retained beyond the normal period in the large bowel, beyond the influence of the gastric juice, microbic action and toxic development progress beyond the normal degree, the fluid portions are absorbed, and with them the toxic products, and, circulating in the blood to every cell in the body, they thus make their impress thereon. This is manifested especially on the lowest points of vital resistance—structures weakened by previous disease or hampered by the presence of encumbering debris. Here we shall have the presence of a local disease, and the ever-present micro-organisms will seize upon the opportunity to establish a colony there. It may be that the part has its resistance temporarily weakened by exposure to cold or wet, and the laity will truthfully say that the patient has 'taken cold.' We recognize, however, thelocal manifestations of a

general systemic poisoning as the **locus resistentiae minoris.**"

Some of the diseases caused or accompanied by toxemia might be enumerated as follows: Cephalalgia, rheumatism, tonsillitis, catarrh, eczema in its diversified forms, urticaria, cholera infantum and other gastro-intestinal troubles, puerperal septicemia, Bright's disease, pneumonia, asthma, heart troubles, thevarious fevers, etc., etc. But why enumerate further? I could make out a list as long as my arm, and then it would not be complete.

Now, as to treatment. Of late years many remedies have come into prominence, some of which have proved of value. It should not be forgotten that the chief factor in the treatment is **elimination**—expunge the morbid matter from the system by such measures and remedies as will arouse the excretory powers of all the vital organs and glands.

It is best to divide the manifestations into the acute and chronic forms, as the actue will require a more prompt and energetic treatment than the chronic. Unless the patient should be in an apoplectic condition, in the throes of a convulsion or a failin gheart, we may proceed to clean out the intestinal tract by administering active cathartics, laxatives and rectal enemas. Among the active cathartics, antibilious physic and cream of tartar, with one or two grains of podophyllin; or castor oil, with two or three drops of croton oil, will do well. Of the salines, magnesia sulph. and the various laxative salts are all good remedies. The bowels having thus been thoroughly cleansed, we next proceed to kill the germs and neutralize and carry away the toxins with sulphocarbolate of lime, sodium and zinc, or the W. A. intestinal antiseptic. Echinacea is a most valuable remedy in acute cases, also baptisia, phytolacca, stillingia and xanthoxplum are among our most potent remedies. The best remedy I have ever found in la grippe is kurchicine, not now obtainable; another is jaborandi. The nearest approach to kurchicine is tr. dita bark and fl. ex. jaborandi, one drachm of the latter to four ounces of the former. They act as diffusible stimulants. A teaspoonful every hour will cause free diaphoresis, and thus eliminate the morbid matter from the system.

It was not a bad idea of our foremothers to give the family a "cleanong-out" in the spring of the year, as I knew some of them to do. A cathartic, followed by a tea of sassafras or spicewood, to be taken at meals, instead of coffee, for a week or two, or root beer.

We know that phytolacca and aconite will abort mammitis and tonsillitis, if properly used.

In chronic toxemias, echinacea, phytolacca and xanthoxylum are important remedies. Keep the bowels open with sa-

lines. If a bilious condition attends, white liquid physic is a useful remedy; take a teaspoonful three or four times a day. If an acid condition is associated with the trouble, then give alkalies as neutralizing cordial, effervescing phosphate of soda, after meals. These last will relieve the accumulation of gas in the stomach.

Remember that elimination is the key that opens the door to a successful treatment of all toxemias. In regard to blood purifiers, they act only by elimination, and are all right in their place in chronic cases if long enough continued. In anemia, which is usually preceded by a toxic condition, besides a systemic purifier, iron, arsenic and manganese are useful as blood-makers.

My purpose in writing this article is to impress the reader with the subject. I would commend Bouchard's "Auto-Intoxication in Disease" as about the best work on the subject.

I have not said anything in regard to the mercurials, to which many pin their faith. They are no doubt great germ-killers and antiseptics, but, unless used with caution, may do as much harm to the patient as the germs.

NATIONAL ECLECTIC MEDICAL ASSOCIATION

Editor of the California Eclectic Medical Journal,
Dear Doctor:

Being a delegate to the Fifty-first Annual Eclectic Medical Association meeting, I thought that it might be of some interest to the readers of the Journal to read a short synopsis of the meeting.

The meeting convened June 21st at 10 A. M., in the ballroom of the Hotel Antlers, Colorado Springs, Colorado, and extended over the 22, 23 and 24 of June. Several members and delegates arrived a day or two before and spent the time sight-seeing, of which there is plenty around there. Many more arrived early the first day, so that the opening session was well attended and was augmented each day by new arrivals. A large and varied program was on the boards and things moved from the start.

President Felter's address, which should have been the order of the first session, was postponed until evening, as it was illustrated by slides. His subject was "Backgrounds of the American Materia Medica," and was given in a masterly way and was intensely interesting, as it included a chronological history of American drug plants and preparations, and botanical investigators from times far back in American and European history.

Thesecond evening, all in attendance together, with the ladies, joined in a get-acquainted banquet, at the end of which the "funny man of Wichita," Dr. Homer Michener, gave us a

"quiet" side-splitting "talk" on "The Doctor" from Adam on up to the present day.

Prof. John Uri Lloyd, in two demonstrations and lectures to the "young people" present, gave us a link in his study and investigations of Collodial Medicines. He demonstrated that the study and selection of menstra is very important for the manufacturing pharmacist, and that probably no one menstrum will dissolve all of the constituents of any plant.

The various reports of the officers and committees showed the society to be in good healthy condition, financially, and that the various officers and committees, as a rule, had been hard at work. There seemed to be a lack of discussion of the present problem of Medical Education, and no definite outlining of any policy for the future, which we consider one of the "vital forces" which should be well cared for. The perpetuation of a healthy stock of Eclectics should be the ambition of every member, unless he is about dead, in that case he needs a good young one to take his place, anyway. The absence of young members in the convention was marked.

Dr. Charles O. Giese of Colorado Springs, Colorado, who has charge of a large tubercular sanitorium, gave us a talk an the "Diagnosis of Tuberculosis," by invitation extended to him by the officers of the association. He gave us a very interesting and valuable talk, as he was in a position to give statistics, which were as reliable as any that can be obtained upon the subject. He extended an invitation to all who were interested to visit the various institutions of Colorado Springs.

Many interesting and valuable papers were read and discussed thoroughly during the convention. Some interesting ones were not read, because of the absence of the authors. The California delegation did not turn out as large as it gave prospects of being at the time of our State meeting. Next year let's go!

Election of officers and the final meting of the house of delegates occurred Friday morning. Election of officers resulted as follows:

President—E. G. Sharp, M.D., Guthrie, Okla.

First Vice-President—J. W. Kannel, M.D., Fort Wayne, Ind.

Recording Secretary—H. H. Helbing, M.D., St. Louis, Mo.

Corresponding Secretary—W. N. Mundy, M.D., Forest, O.

Treasurer—J. P. Harvill, M.D., Nashville, Tenn.

The selection of the next meeting place was a problem for the house of delegates in the absence of any formal invitation from a State society. Galveston and Indianapolis were leaders, with Indianapolis winning on the third ballot.

Yours fraternally,

H. T. COX, M.D.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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THE MEETING AT COLORADO SPRINGS

The last meeting of our National Association was a distinct success. The papers presented were both good in quality and abundant in quantity—an embarrassment of riches, so to speak. As usual, many members unfortunately were absent, but these will have the opportunity of reading all about it in due time, as published in the Quarterly. Owing to the meeting being held in the "flooded district," with its destroyed roadways, the absence of nearby doctors was a foregone conclusion. However, those from a distance rather outnumbered our erpectations, and these suffice to increase the total to a good average attendance. President Felter deserves congratulations on the success of the meeting.

THE ENDOCRINE GLANDS—A CAUTION

The Journal of the A. M. A. warns us that, unfortunately, we are still deeply ignorant of many important aspects of endocrinology. The conditions in the body which control the glands of internal secretion are still almost wholly unknown. There is evidence that the suprarenal medulla and the thyroid are subject to sympathetic stimulation, but what of the others? The glands are probably complexly interrelated, but in only few cases has satisfactory proof of mutual influence among them been demonstrated. Though we glibly talk of "hormones," only two endocrine products are known chemically, thyroxin and epinephrin, and there are physiologists who do not concede a hormone function to epinephrin. The nature of the supposed active agents of most of the glands, e. g., the ovary, the corpus luteum, the suprarenal cortex, the anterior pituitary, the parathyroids, the thymus, and the endocrine cells of the pacreas, has not been determined. Nor has it been demonstrated that most of these organs contribute any specific internal secretion. They may, conceivably, exert their influence by removing toxic substances from the blood stream and metabolizing them to inert forms. Epinephrin, the nature of which is understood, is known to disintegrate rapidly in an alkaline medium, and, though highly potent in many directions when injected intravenously or subcutaneously, is without physiologic effect when taken by mouth. Until we learn more about the character of the essential elements of the ductless glands and their precise effects, we cannot be sure that they also are not altered or destroyed in the alimentary canal. And to what degree is substitution therapy possible? Its value has been proved in thyroid deficiency, but it is useless in pancreatic diabetes. Too often organ therapy is justified by the patient's "feeling better," or by the disappearance of subjective symptoms—criteria of very uncertain quality.

The normal role of the endocrine factors in the organism is largely unknown. Much of the general opinion is based on faulty inference. Injected epinephrin raises blood pressure. The inferences have been drawn, therefore, that the suprarenal medulla is essential to the maintenance of normal blood pressure ,and that hypotension means "hypo-adrenalism," and hypertension "hyperadrenalism." No conclusive evidence exists to support these inferences; indeed, there is excellent evidence that the suprarenal medulla has nothing to do with maintaining the natural blood pressure level. The idea that the posterior lobe of the pituitary is active in labor and in lacta-

tion is based on the same fallacy of assuming that the pharmacodynamic action of a powerful drug indicates the physiologic role of the organ from which it is derived.

Again, there is no satisfactory clinical test for any assumed internal secretion, as such. Altered metabolism in thyroid disorders permits a certain amount of insight into the type of disturbance present. And, of course, when conditions are extreme, fairly definite inferences can be drawn in such diseases as acromegaly and myxedema. Minor clinical changes, however—headaches, flushes, unstable blood pressure—are commonly attributed to endocrine disorders on no definite evidence whatever, often on the basis of the therapeutic fallacy mentioned above. The facts should be faced that much of endocrine physiology is in a state of chaos, and that selection of bits from this chaos to bolster up clinical theories is sheer futility.

Confronting our real ignorance of many important features of endocrinology are positive statements of facts when the facts have not been established, large assumptions of assurance when there is no clear certainty, and a formulating of laws for diagnosis and treatment when no respectable basis for either exists. Illustrations of these charges can be found on all sides in books and articles and especially, in widely scattered advertising matter.

Credulity, under these circumstances, has evil consequences. It helps to fix a sense of security, a sense of being satisfactorily informed, when there is little, if any, justification. It hinders medical progress by substituting simple faith and enthusiasm for the careful critical study that is sorely needed. It opens the door for exploitation of the medical profession by charlatans and quacks and unscrupulous manufacturers. Medicine is humiliated rather than served when we swarm with the crowd after the latest therapeutic fad, accepting as gospel every claim that is made, if only it is made with sufficient positiveness.—The Medical Brief.

INTRODUCERS OF DRUGS

No medicine of the present day is more conspicuous nor more widely employed than digitalis. Though known since very early times, today, with all its therapeutic history back of it and the contentions of chemists concerning its supposed constituents, we are still far from knowing the life history of this single plant drug. Indeed, the same may be said concerning many of our most important drugs.

The records of the past show unmistakably that many of the most valued of our vegetable drugs were known and used by the common people from time immemorial. As exact records of time, place, and persons have not always been available, we can not say just when was the exact beginning of the therapeutic life of a drug or who was the individual who first employed it. Little does it matter, however, unless his connection with it had a close relation to its progress from early times to the present. Of our American indigenous drugs we know that long before the white man set foot on our shores the native Indians recognized the value of many medicinal plants, and in their crude ways employed them in domestic medication. It is also interesting to note that practically every vegetable drug now official in the United States Pharmacopeia was used first in domestic practice, and most of them came into prominence through their exploitation by some person who would now be ranked (by some) as an errant quack. In witness of this recall the history of ipecac, quassia, cinchona, and numerous other agents.. Going outside of vegetable agents, we would probably find many other well-known medicines with a similar history. Even our common Epsom salts came into popular use through the intelligent refusal of a drove of cows to drink of the waters of the afterwards celebrated springs. Investigation revealed a mineral-charged water, and then came royalty and the aristocracy, a regular cavalcade, year in and year out, to seek healing in the waters of the spring of a cow pasture. Then it was that the far-seeing Nehemiah Grew, grasping the opportunity, regularly and scientifically introduced the waters and their evaporated salts into regular medicine.

Thus it happens that enlightened men with an inborn love for science and little caring for the source of knowledge, so long as it leads to truth, recognize in such low-born medicines a medicinal value, which they investigate with the honest purpose of giving it a true place among the healing forces of nature. Perhaps such an individual is one whose standing in science and medicine is above reproach. Then, and only then, will the rank and file of medical men listen and accept the new agent without question. One such notable example is that of digitalis, or the purple foxglove; and the scientific physician who rescued it from common and vulgar uses and accorded it a scientific investigation ,and finally caused its acceptance into legitimate medicine, was Dr. William Withering, physician to the General Hospital of Birmingham, England, a

man whose name seems not to have been remembered as it should be by later therapeutic writers, who have profited largely by his investigations and have added but little to his primary account of the action of digitalis.—Ed. Ecclectic Medical Journal.

EMPIRICAL FALLACIES (AND OTHERS)

John Uri Lloyd, Cincinnati, O.

Possibly it is proper for one who believes that to empiricism is largely due progress in life's advancement, as both serviceable in the beginning and supplying texts for subsequent research, to call attention to some of the fallacies of misapplied empiricism. A pleasure, is it not, to look back at the errors one held in the passing along of life, and a greater pleasure to utilize such errors for self-reflection and perhaps record them for the benefit of others.

A few years ago this writer, on a special research mission, was traveling through Asiatic Turkey. Observant was he of much that lay outside his direct field of study—many were the pleasurable incidents that recollection brings often now to mind, among others the story of "The Blessing o the Fig." With this legend in view, let us consider—

The Barren Fig Tree.—The writer observed that early in the springtime certain trees in the fig orchards of Turkey were seemingly far ahead of the great majority of fig trees. Also it was seen that these early fig trees frequented the edges of woodlands and in several instances hedged dividing fence lines as well as thickets along the sides of the road. On these trees the young figs were large before the fruit appeared on the laggards. The writer questioned why this early variety of figs was not more abundantly cultivated. Came the reply that these were barren fig trees and carried no figs to maturity. Came then the story, as follows:

These figs appear early, they grow to a certain size, and open from the rounded apex. From this orifice stream swarms of very small flies, which seek the fruit-bearing fig trees and inoculate them with the spores borne from the fig from out of which they came.

Said my informant: "The fig you have noticed is the wild fig. Its function seems primarily to bear a crop of insects. After these have escaped the fig withers, dies and drops to the ground. The tree bears no fruit: it is barren." In times remote, barren fig trees in an orchard were cut down as cumberers of the ground.

Mythology of the Barren Fig Tree.—Continued my informant: "In the early days, the priests, taking advantage of this insect fact not comprehended by the people, appointed each year, as a religious ceremony, a day for blessing the fig trees in the orchards. At that time, as has been stated, the barren fig tree was considered of no value, all being intentionally exterminated from the orchards. A festival day for "blessing the fig" orchard was appointed for a day when the wild fig was ready to open and liberate the swarm of flies. The priest led villagers to the wild figs, dressed in holiday attire and bearing branches culled therefrom laden with these figs the procession turned to the fig orchards. As the man of God blessed the fig trees the villagers threshed these trees with the boughs laden with the wild figs. This whipping of the trees of the orchard resulted in the liberation of flies throughout the entire orchard. These flies, seeking the young figs just appearing on the female trees of the orchard, fertilized them with the spores from the wild (barren) fig, and the orchard bore an abundance of figs.

Empirical Reasoning.—"What could be more conclusive than that this blessing of the fig orchards by the holy man, and the ceremony performed, resulted in the bountiful fig crop? Self-apparent it was, because fig orchards not thus blessed were comparatively barren.

"We know now," said my informant, "that the wild fig is the male, the fruit-bearing fig being the female, and that the spores that fertilized the fruit were carried from the male to the female fig by the insect that escaped from within the flower of the wild fig. Now, each orchard carries a number of wild fig trees. No longer is the blessing of the priest necessary."

Continued the educated Turk, my companion: "Some years ago came a demand from America for many thousand young Turkish fig trees. These were gathered and forwarded —but," said the Turk, "the Smyrna fig will not be profitably raised until America gets the Turkish insect that, escaping from the young flower of the barren fig tree, accomplishes the fertilization of the fig."

Apple Trees and Fish.—When the apple trees bloom in the springtime on the islands of Lake Erie, the bass bite best. The question comes at once to an observing empiricist, "What connection is there between the fish in the water and the flower on the tree?" He might rationally surmise that the influence of the fish makes the tree blossom, or that the blossoms of the tree bring the fish to the shoal. The man of

science might perceive that the same warm sunshine that brings blossoms to the tree also entices the fish from the cold depths of the lake, to spawn in the warm water of the shallows.

Apple Tree and Morel.—Turn now your attention to the Kentucky apple orchard. Behold, when blooms the apple tree, the morel (an edible fungus) springs in abundance from about the base of the tree. Reasoning empirically, one might say that the bloom of the apple tree awakens the morel from out the earth. Another might perhaps reverse the thought, asserting that the morel's influence makes the apple tree bloom. Simple is this reasoning, but yet the question remains unanswered why the morel rises under the blossoming apple tree and not under the honey-locust but a short distance away.

Mystery of the Morel.—Take now this same morel. Go into the deep woodland about the time it appears in the apple orchard. Search the wood. No morel is likely to be found until the ash tree is reached, and here it may thickly stud the leaf mould. Within a radius of one hundred feet about an ash tree this writer has gathered a basket of morels, and in the entire woodland, excepting where grew an ash tree, has found no morel. The yellow poplar **(Liriodendron Tulipfera)** also sometimes serves to a lesser degree as a culturing shade host of the morel. Empirical reasoning would say that some influence of the ash tree favors the growth of the morel. Other reasoning might intimate that in times gone by the seed of the ash tree sprouted in a bed of morels. the progeny of which still lingers. The man of science says frankly, "I don't know," but with open mind he perhaps accepts that the root of the ash tree infects the soil with an unknown "something," be it bacteria or secretion, that favors the morel's growth.

Catalpa and Raspberry.—When blooms the catalpa tree by the wayside, the black raspberry ripens in the field and thicket. Observing this, the empiricist might say, "The blooming catalpa is the cause of the raspberry's ripening." Another may as rationally differ and argue that ripening raspberries bring the blossom to the catalpa. Judging by facts only, empiricism might thus neglect the heat and light cause that both ripens the raspberry and brings the bloom to the catalpa. The parallel might be extended indefinitely.

The Black Beech.—When start the leaves of the "Black Beech," red, even to crimson, dominates. As the season progresses the leaves darken and at last become black. Reasoning from observed facts, the empiricist might argue that a black coloring matter had been deposited in the leaf from

which the red had faded. Comes the thoughtful investigation of the man of science. Lo, the black results from a combination of red and green chlorophyl, which in proper proportion makes the black pigment of the matured leaf of the beech. Passes further the scientific investigator, who shows that vegetable green is a mixture of blue and yellow. Did not very primitive people make shades of green by such admixtures? Thus yellow, blue and red makes black to pigment the leaf.

Clover Fertilizer.—These many years ago, observing farmers decided that red clover, raised on poor ground, then plowed under, enriched the earth even to fertilization sufficient for a subsequent crop of wheat. "Imagination," said the chemist, for did not analysis show that clover was insufficient, or even nearly useless, in accepted food content? And yet the farmer was not convinced; he continued to raise clover to enrich his soil. Came then the man with the microscope. Behold, the roots of the clover swarmed with nitrogen-fixing bacteria. To this it might be added that beneath a black locust thicket blue grass luxuriates, and white beans thrive on poor, sandy soil, that mellilotus (sweet clover) asks no fertilizer when it covers Kentucky yellow clay dug from deep in the earth.

Sun Spots.—Comes to the sun a mighty "spot" that slowly passes across its face. Simultaneously a display of aurora borealis blankets our heavens. Electrical disturbances pervade the earth, telegraph wires refuse to "message," even lead fuses within brick buildings flash and burn out. What is more natural that to conclude that the earth-phenomenon is caused by the sun spot? But, might not another mind reason that suns and planets are but cells floating in space, and that both sun, earth and heavens respond in unison to an intercellular impulse in the ether that pervades all things?

Remedial agents there are, employed in confidence by observing physicians, though the man of science has not as yet fathomed the secret of their action. Helpless is he to account for phenomena known to his microscope, his biological efforts are fruitless, chemistry fails. The empiricist accepts these facts, he continues to employ the agents discredited by all but those who, by repeated experiences, have learned their uses. With the object of curing his patients, the observing physician walks the forbidden path of an ostracized "irregular."

But enough. None can forever suppress facts with theories, or by means of experiments that do not parallel or cannot fathom Nature's laboratory. The man of science shows why

the blessing of the fig trees gave the crop of figs, why the apple blossoms when the bass spawn, why the raspberry fruit ripens when the catalpa blooms; but as yet he closes his eyes in despair and offers no scientific explanation as to why the morel makes its appearance under the apple tree in the orchard and the ash tree in the woodlands, and not in the same rich earth about the base of the beech, the hickory, the elm, the walnut, or other trees in the forest shades ajacent to the ash. Such problems as these he will surely work out, and this writer believes he will yet show how and why a single remedial agent, destitute of toxic qualities and mild to the taste and smell, as is the pith of the sassafras or the fruit of the hawthorn, may stimulate a life process that may change abnormal tissue, excite an exhausted muscle, soothe an inflamed and tender surface, or through some force encourage vitality to restore health.—Eclectic Medical Journal.

NEWS ITEMS

Dr. G. H. Greenwell, Los Angeles, and family spent a short vacation at the beach during July.

Dr. W. A. Harvey of San Francisco was in Los Angeles last month.

Dr. H. T. Cox and wife of Los Angeles, after attending the meeting of the National Convention, continued their trip to Chicago where the doctor is now doing post-graduate work.

Dr. E. Mather is conducting a sanitarium at Mount Clemens, Michigan, the well-known health resort. The name of the institution is Gray Gables and is especially equipped for the treatment of all chronic ailments with especial attention to diets.

SEXUAL ATONY

"I believe with S. W. Gross," says Gilbert, "that by far the most fruitful cause of sexual atony is hyperesthesia and inflammation of the prostatic urethra. In these cases I have found Sanmetto the remedy far excellence—in fact, giving almost specific results. How it does it, I will not say. It surely allays abnormal irritation in this part of the genito-urinary tract and, by its action on the kidneys and the bladder, composes hyperesthetic conditions, and there is restoration of tone to the sexual organs. It is also of great value in the atonic conditions due to advancing years.

Given in two-drachm doses, four times daily, continued until a pint or more is taken, it is followed almost uniformly by satisfactory results."

The California Eclectic Medical Journal

Vol. XLII SEPTEMBER, 1921 No. 9

:: Original Contributions ::

FRACTURES OF THE PATELLA

Dr. O. C. Welbourn, Los Angeles, Cal.

Read before the California State Eclectic Medical Society.

A fracture of the patella usually is caused by direct violence, such as a fall upon the knee, the patella striking a hard substance and smashing it against the articular surfaces of the condyles of the femur. With a tense quadriceps extensor muscle the fracture is apt to be transverse—the inferior fragment remains with the ligamentum patellae and the superior is drawn up by the contracting muscle. Ordinarily the separation of the fragments is about a finger's breadth, but should the capsular ligament also be ruptured the separation may be as much as six inches. Many times there are more than two fragments and sometimes several. The greater the number of fragments the more difficulty is experienced in placing each in proper apposition with its fellows not to mention the difficulty in maintaining such apposition for the several weeks necessary to secure a union. Moreover, not infrequently the union will prove to be fibrous rather than osseous. This is followed in time by a progressive separation of the fragments into upper and lower hemispheres and an inefficient extension of the leg upon the thigh. One of the causes of such faulty union is the interposition of fragments of surrounding tissues between the osseous fragments. A difficulty which can be met with certainty only by an open operation. Until recent years to open the knee joint was unthinkable, because of the great danger to life and limb of the patient. However, surgery advances and at the present time the only requirements are the proper conditions and surroundings to make possible an absolutely aseptic technic. This means that the patient must be in a good hos-

pital, before, during and after the operation. Theoretically, the stage of preparation should consume about one week, but practically this is almost impossible; because every patient with a broken bone wants it "set" without delay. To him delays are dangerous and he must have a great deal of faith in his doctor before he will submit.

The operation consists in opening the joint through the anterior structures by a transverse or longitudinal incision, clearing out the debris and placing the fragments of bone in accurate apposition to each other. The next step consists in devising and applying means to retain those fragments in proper relation to each other until union has taken place. Formerly it was considered good form to use wire of silver or other metal, but the tensil strength is not great and its presence frequently was not well borne. In my experience an absorbable suture, like kangaroo tendon or extra hard chromicised catgut gives sufficient support and less trouble. Drilling holes through the patella to apply such sutures is both time consuming and unnecessary. With the traction of the quadriceps removed the fragments naturally wall into apposition and remain so. Two or more traction sutures placed parallel with the tendon fibres and surrounding the patella do the work very nicely. The capsular ligament should be carefully examined for rents, and should any be found they should be accurately sutured. The periosteum covering the anterior surface of the patella is usually rent transversely and requires careful suturing. The superficial fascia and skin are closed and the operation is completed. A splint is applied which keeps the leg comfortably at rest in complete extension. Should it be necessary the quadriceps can be further relaxed by elevating the foot. Lateral passive motion should be used after three weeks and flexion of the leg should be practiced after six weeks. It is unnecessary and sometimes injurious to persist in forcing the leg into a degree of flexion equal to that of the other leg. In about three months the patient should have a useful leg.

SPECIFIC MEDICINE LOBELIA

H. Ford Scudder, M.D.

Specific Indications: "Full, oppressed pulse, oppression of chest, with difficult respiration."

In Respiratory Affections. Depending on the size of the dose, Specific Medicine Lobelia has a wide range of action. In minute doses it acts as a powerful vital stimulant, strength-

ening the circulation and improving the innervation. It is especially useful where there is capillary venous congestion, and in pulmonary affections, with irritable, spasmodic, labored or oppressed breathing, it acts as a specific. It is frequently called for in pleurisy, pneumonia, bronchitis, laryngitis, chronic catarrh, chronic pneumonia, coughs, and all irritable conditions of the respiratory tract. In spasmodic asthma, angina pectoris or neuralgia of the heart, one or two full doses of Specific Medicine Lobelia gtt. xx - xxx, give prompt relief. Use it in whooping cough, in spasmodic and membranous croup when no depression is present, and in all cases where there is profuse secretion of mucus with lack of power to expel, as here it relaxes the tissues and proves a valuable expectorant.

As an Emetic. Lobelia is a decided and powerful emetic, but because of its depressing effects on the system, it is not often employed in this direction, Ipecac or some other emetic being preferred.

As an Anti-Spasmodic. We employ Lobelia in all forms of spasms, infantile convulsions, puerperal eclampsia, and in tetanus. Administered alone, or combined with Specific Medicine Capsicum, it gives prompt relief in hysteria, and in hysterical paroxysms or convulsions.

In Uterine or Urethral Affections. Try Lobelia to relax a rigid os uteri or perineum, and in tardy or difficult labor, to strengthen the pains and stimulate the contractile function of the uterus. Use it in spasmodic stricture of the urethra, when it is difficult or impossible to pass a catheter. Drop into the meatus Specific Medicine Lobelia, gtt. v -x, retain for five minutes, and the difficulty is quickly removed.

In Compounds. Lobelia is a valuable ingredient of several of the most extensively used Eclectic preparations, such as **Citcelce** or **Eclectic Wash, Compound Tincture of Lobelia and Capsicum,** and **Libradol.**

Subculoyd Lobelia. This is an elegant preparation of Lobelia, devised for hypodermic use. It has been employed with wonderful results in diphtheria, in doses of gtt. xx -xxx, some authors considering it a vegetable anti-toxin. As a relaxant in emergency cases, Subculoyd Lobelia has been employed with remarkable success. Administered in conjunction with proper eliminants, it is helpful in treatment of drug addicts.

Gelbia. A combination of Subculoyd Lobelia with Subculoyd Gelsemimum, in the proportion of three parts Lobelia to one part Gelsemium, is now obtainable under the trade term GELBIA. This agent is now employed with gratifying suc-

cess in the treatment of biliary colic, and in the passage of gall stones or kidney stone. It relaxes the parts, quiets the severe pain, and does away with the necessity for using morphine.

SPECIFIC MEDICINE CACTUS

H. Ford Scudder, M.D.

Specific Indications. "A feeble, irregular pulse, nervous, complaining of oppression and unpleasant sensations in region of heart."

By exerting a decided influence over the cardiac plexus of the sympathetic, and stimulating the vaso-motor centers, Cactus improves the general nutrition of the heart, increases its muscular motor energy, raises the arterial tension, and increases the forces of the pulse wave. It is positive and safe in its action, there being no cumulative effect from its use. It acts best in small, frequently repeated doses. Some of the most prominent indications calling for the use of Cactus are: Feeble, irregular, rapid, nervous pulse; sense of tightness, weight, or oppression in the chest; palpitation; unpleasant pain; mental depression.

Cactus is not an emergency remedy, like Digitalis, Strychnia or Nitro-glycerin, but its tonic effect upon the heart is obtained by continued use. Specific Medicine Cactus is the best remedy we possess for all functional disorders of the heart, with feebleness, irritation, or rapid pulse with lack of strength. It is also useful in structural lesions, to steady and strengthen the heart. Use it for the feeble heart action following pneumonia, typhoid or other prostrating diseases, for the functional heart disorders due to the excessive use of tobacco or alcohol, for sexual exhaustion, or for palpitation of the heart from reflex irritation in dyspepsia. Try it with neurasthenic patients who complain of the sensation of a tight band around the chest, who have a weak, palpitating heart action, with cold, clammy extremities. Says a well known Eclectic physician-writer, concerning Cactus:

"Cactus is called for in the feeble, failing heart of the aged; for the irregularity and feebleness of the heart's action in women at the menopause, correcting the nervous symptoms and the flashes or waves of heat that pass over the body. Use it for the palpitation and disturbed heart action due to exophthalmic goitre; in aortic regurgitation due to weakened heart muscle; in threatened heart failure from over-exertion. It is recommended in the treatment of pulmonary hemorrhage, especially the hemorrhage of incipient phthisis and of the advanced stages of interstitial pneumonia."—Webster.

"CEREBRAL WRONGS"

H. H. Helbing, M.D., St. Louis, Mo.

I was called March 18, 1909, to see Mrs. McC., the mother of three children, who was suffering with what seemed to me to be hysterical mania. She had a fear of impending calamity, and that she would be taken to the hospital. Another hallucination was a belief that her baby, which she was nursing, was starving. At this time she talked in a rational manner, but she said that she could not get these foolish notions out of her head. Two days later the mania was more pronounced; she was pacing the floor and wringing her hands, begging us not to take her away from her children. Passiflora, sp. gelsemium, sp. hyoscyamus and other nervines had no effect upon her. In another week or two she apparently became speechless. At any rate, she would not talk. I called in a specialist on nervous and mental diseases at this time, and he pronounced it hysteria, his prognosis being guarded. From this speechless state she again passed into a manical delirium. Up to this time she had been up and about the house, but now she went to bed, and rolled around in agony. She would not take any medicine, so I resorted to hypodermics. Her delirium being of such an active state, I concluded to use H.M.C., and started in with two No. 1 tablets. This controlled her for about six hours. I told the family that one of two things must be done, either have a trained nurse at the house or take her to the hospital. They chose the former. During the time I had been treating her I had endeavored to ascertain her family history, but it seemed to be negative as regards tuberculosis or syphilis. I found that her family relations with her husband were not exactly conducive to her welfare. The family desired to have their family physician from the country called, which request I readily granted. I questioned him when he came, and found a bad family history. Her grandmother had died of tuberculosis; her father had been afflicted with a tuberculosis of the knee joint, which caused ankylosis; he was also a drunkard at the time of the patient's birth. The patient herself had recently recovered from a gonorrheal ophthalmia and ulcerattion of the cornea; so we had grounds for believing that her wrongs were of central origin. The only thing that caused us to hesitate in our diagnosis was the absence of any seeming spasmodic condition or paralysis; however, further inquiry revealed the fact that she had suffered with a tingling in her limbs previous to her illness. Another thing that surprised us was the absence of headache.

In the meantime we had been using hypodermics of gelsemium and veratrum, the specific, in seven to ten drops of each, every three hours. This was used in alternation with H.M.C. We at one time also tried pilocarpine, but it had no influence upon the nervous symptoms. At this time the nurse had to catheterize her, as she would not void her urine. The urine was found normal in quantity and in its constituents. We obtained an evacuation from the bowels every two or three days, which was natural in every respect. She could only take milk, and but very little of that, for when attempting to give it, it would run out of her mouth without her swallowing it. The doctor from the country suspected tubercular meningitis, so we decided to use the ophthalmic test for that wrong. We obtained a positive reaction.

Whether this country allopath caused the family to become dissatisfied or not, I am not prepared to say; but they decided to call in another allopath, and had fixed an hour when it was inconvenient for me to be there, so that after this last consultant had been there and had examined the case, he called me up over the phone and gravely told me that the case was one of melancholia, superinduced by toxemia of the intestinal tract. He had my nurse discharged, took the patient to the hospital, and proposed to clean out the intestinal tract. He also said that my treatment was depressing her, and that the hypodermics should not be used, especially the H.M.C. He substituted morphia and atropia, which I regard as more injurious, as it lessens the secretion. Her pulse, before we began the use of hypodermics, ran from 120 to 130, but with this treatment we were able to keep it down to 80 or 90. I went to the hospital to see her after the allopathic treatment had been started, to note its effects as well as to see whether the ophthalmic test had brought about any results. I found the patient at this time with a pulse of 130 and raving. She was in a room with bars to the windows, and the nurse was instructed to restrain her if she became too restless, but so far as keeping her was concerned, the means were not sufficient to the end, as we shall soon see. I looked at the prescriptions that were to be given and found that calomel had been prescribed in large and frequent doses, to be followed in the morning with oil. This was all. She was to be fed by means of a tube put in her stomach. Of course the inevitable occurred—death in fourteen hours after this wise allopath began his barbarous treatment.

I went to the family after the death of their loved one, and told them a few things that opened their eyes as to which physician gave the more sensible treatment. I think that

every Eclectic who has a competitor with the ungentlemanly instincts of this allopath should leave nothing undone to turn the tables on him. I frequently consult with regulars who are gentlemen, and I try to treat them as such, but when anyone of this man's caliber comes in the way, I try to give him just as good as he sends.

This mase was undoubtedly a cerebral wrong, but just what its nature I am not prepared to say. Certain it is that an Eclectic, with his therapeutics to meet conditions, can treat such cases with a greater degree of skill than can a specialist who claims to have had practical experience in an insane asylum, such as this fellow claimed to be. Judging from the wisdom he exercised in this case, I am of the opinion that he must have been there as an inmate, not as an attendant.

June 10, 1909, I was called in consultation to see a case of Dr. Tracewell's. The girl was unmarried, twenty-one years old, and was a clerk in a store. Her symptoms are as follows: She is suddenly stricken with apparent unconsciousness, but she maintains that she is not, after she comes out of the spell. Her pupils are widely dilated; she is unable to move her left arm and leg, and is unable to speak. Previous to our visit she had a spell, and was just recovering. It occurred about three hours before, and she still hesitated in her speech, like she was stuttering. This was the second spell she had had that morning. When attempting to pull a pin out of her dress her hand trembled and her arm seemed very weak, i. e., her left arm. Testing sensation with pins, we found that the sensation in the left leg and arm was nearly absent, but right was normal. When she attempted to walk she dragged the left foot. She gave a history of having suffered with headache on the right side of the head previous to her first attack with these spells. The aphasia, or difficulty of speech, lasted longer following her last attack than it had before. She was drowsy after the last attack, which was not the case with the previous attack. I am not able to say what this trouble is. While it has some of the features of epilepsy, still the symptoms and history seem to indicate a cerebral wrong of some kind.

DAYLIGHT IN THE SCHOOLROOM

By R. C. Heflebower, M.D., Cincinnati

In a report of a committee on the above mentioned subject, Edward Jackson, chairman, reported in abstract in the Journal of the American Medical Association for June 18, 1921. They state:

The eye has evolved to meet the conditions of daylight

stimulus, and is capable of its highest health and efficiency under its normal conditions. It is well that the bulk of school work is done by daylight. But of late years an immense amount of thought and labor have been expended on the improvement of artificial illumination, while nothing has been done to improve the methods of using daylight. The result is that artificial light is being used in many respects more intelligently than daylight, and only the innate superiority and the cheapness of the latter have left it in general use in schoolrooms.

So little has been done to apply our knowledge of the physiology of vision to the requirements for indoor use of daylight that it is necessary to begin with fundamentals. The light which is useful is that which falls upon the object looked at and is thence sent to the eye, where it enters the pupil and is focused on the retina. The thing looked at includes both the thing we wish to see and the background which reveals it by contrast, or color difference. We wish to see the letter, but we also look at the paper with which the letter is so contrasted as to reveal its form.

Light entering the eye directly from the source of illumination, or in any way that does not assist in making distinct the thing we wish to see, is not a help but a hindrance to our seeing. For one thing, it causes contraction of the pupil, and in that way actually diminishes the amount of useful light that enters the eye. For another, it wastefully uses up retinal energy accumulated for the purpose of vision, without helping us to see what we want to see. In the third place, it produces retinal impressions that compete with those that are useful for the attention of the recipient, increasing the effort needed to keep the consciousness occupied with the useful impression.

By variation in the size of the pupil which regulates the amount of light entering through it, and by the process of "adaptation" which adjusts the sensitivity of the retina to the intensity of the light reaching it, the eye is capable of service with enormous variations in the brightness of illumination. But there are limits of brightness, beyond which we cannot safely go in either direction. Excessive stimulation unduly exhausts the retina. Deficiency of light lowers the acuteness of vision, and makes more difficult the recognition of objects of a given size and distinctness.

For indoor seeing, the practical problem is largely to get enough light on what we look at. The eye evolved largely for outdoor seeing, and the comparative deficiency of light indoors is enormous. Photography has emphasized this dif-

ference. The same film, exposed through the same stop, will require a hundred times longer exposure with a good indoor light than it will require with the light generally available outdoors in the daytime.

The first question to be answered is, How to get enough daylight into the schoolroom? The second is, How to get it to fall in the right direction? The arrangement to be worked out is one that shall secure the sufficient illumination of the aspect of things that we look at.

It has been customary to say that the room must have enough window space; but window space has little significance, until we know what is to be seen through it, and its position in relation to the student. No amount of window space will give a good light from green foliage; or from a wall, unless the wall is of light color and the sun is shining directly on it.

The test of sufficiency of illumination that can be applied to the plans for any schoolroom is, How much open sky, measured in angular space, can be seen from the darkest point in the room at which objects will be placed to look at? In general this must not be less than the equivalent of a square each side of which subtends an angle of 20 degrees, for a north light in a cloudy climate. This may be reduced about 50 per cent. in a room with south light if heavy clouds rarely diminish the daylight.

Objects looked at are held in front of us, so that light should come from behind rather than from in front. But it has generally been overlooked that the eye is particularly suited to looking down on its work, and to using illumination from above. This is the point in which modern arrangements for artificial lighting have outstripped our plans of admitting daylight to a room.

If one stands or sits with the head erect and the eyes looking forward on a level, the field of vision extends upward about 45 to 50 degrees and downward about 65 to 80 degrees from the horizontal plane passing through the eye. If without changing the position of the head the eyes are turned up and down, they can turn up about 40 degrees and down fully 60 degrees. If, now, the head is thrown forward and then backward, it will be found easier to look directly downward than to look 40 degrees above the horizon.

Our eyes are fitted for use looking downward, and all continuous use of them for fine work is done with the work placed below them. The easy position for reading is with the work placed as much below the eyes as in front of them. Very often the position assumed is one looking almost directly

down upon the work. Our work is done on desks and tables, with an upper surface horizontal so that it is best lighted from directly above; or inclined, as in the case of some school desks, to an angle of not often more than 10 degrees with the horizon.

We are so constructed that it is more important for the light to come from above than from behind us. That is where it comes from the open sky; as much from in front as behind, and from both sides; but always from above. We know how unpleasant it is when light is reflected from snow or water, and comes nearly as much from below as from above. The great problem in school lighting is to get the light to fall from above. This has been solved for artificial lighting; it remains to be solved for daylight.

The first point is to have the windows go as high as possible. It is often stated that a skylight is the ideal window for illumination, but it is not practical. It can be used only in the highest story, or in one-story buildings; it is hot in summer and makes the room hard to heat in winter. These objections to it having been stated, the matter is usually dismissed; and no attempt made to secure the best light possible through windows, the resource that is admittedly practical.

The window should go all the way to the ceiling. The most important reason for having high ceilings is to get high window space. Yet it is common to sacrifice this by placing a foot or so of dead, useless wall, above the top of the window. This foot if utilized to admit light would be worth more than three or four feet at the bottom of the average window.

There are some mechanical difficulties about having a window begin just at the ceiling, but these are readily overcome. It is possible for the glass of the window to come within three inches of the level of the ceiling instead of from 15 to 18 inches below it, as has generally been the case.

UTERINE ARTERIO-SCLEROSIS

O. C. Welbourn, M.D., Los Angeles, Cal.

This is a disease of advanced years, though it may be found in middle life. Many times it produces no symptoms at all, and the usual senile changes occur in what might be designated as the normal manner. At other times it produces symptoms closely simulating malignant disease, and a differential diagnosis should be made. However, as a matter of fact, it seldom is made, because of a lack of knowledge on the

part of the examiner, be he specialist or general practitioner. Of a number of authors before me, only one recognizes this condition by as much as a paragraph. Personally, I have seen about half a dozen cases in as many years.

With an arteriosclerosis present in the uterus, we may have a gradual loss of nutrition to a localized area, resulting in atrophy, or we may have an instantaneous loss of nutrition caused by the formation of a thrombus, resulting in a localized gangrene. The condition first stated probably is what regularly occurs with the advance of years, and therefore may be dismissed as the usual symptoms of senility. But with the second condition the symptoms are distressing and the physical signs pronounced. With the formation of the thrombus there is uterine pain, possibly colic, and general pelvic distress. Within a few days there is a noticeable vaginal discharge of a serous fluid, which at times may be sanguineous. An infection usually takes place, and the discharge then contains pus and becomes odorous. There is developed a mild degree of sepsis, causing a loss of appetite, strength and weight. About this time she consults her physician, and a physical examination is made. The cervix is usually found to be normal for a woman of her age, though an odorous mixture of pus, serum and blood is seen coming from the os. The use of the uterine sound reveals a slight increase in depth and caliber of the cavity, also the absence of a polypus or other tumor, hemorrhagic or otherwise. A bimanual examination reveals the tubes, ovaries and uterus indicative of the age of the patient, and the absence of any indurated tissue in the surrounding structures. This physical examination should be made very carefully, for by this means only can the presence of malignant disease be excluded. However, having finally determined that the condition present is localized anterior sclerosis with gangrene, we are ready to consider the treatment, and, like many other chronic diseases, this may be palliative or radical. The application of a favorite antiseptic in a favorite way, or even the careful use of a sharp curette, are all beneficial, but, in my experience, never curative. What the condition demands is a hysterectomy, with or without the adnexa. The abdominal or vaginal route may be chosen in accordance with the usual indications or personal preference of the operator.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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XANTHOXYLUM

This is an indigenous shrub with a known medical history reaching back nearly one hundred years. That ii is still in use indicates that it is still a valuable drug. Its action is positive and unmistakable notwithstanding it is non-poisonous even when administered in very large doses. Not many drugs combine these two properties. When applied to a mucous membrane there is a marked reaction, with a sensation of warmth, though this result does not seem to be due to an irritating quality as with mustard, for example. Taken into the mouth it increases the flow of mucous and also markedly stimulates the secretion from all glands with ducts opening into the mouth. When taken into the stomach a similar effect is produced. Should the drug be passed on into the intestines its effect is topically the same. Remembering these facts, a variety of alimentary disturbances will be benefitted by its use. In acute indigestion with colic it should be given in large doses every few minutes, and is best administered in hot water. In chronic indigestion with atonic states it should be given

in small doses and not diluted. In this class of cases use should be continued for a long time. The action of Xanthoxylum on the mucous membranes of the alimentary tract is comparable to the action of Lobelia on the mucous membranes of the respiratory tract. The dose of the Specific Medicine is from five to thirty drops.

THE BEDBUG—ITS RELATION TO PUBLIC HEALTH, ITS HABITS AND LIFE HISTORY, AND METHODS OF CONTROL

The bedbug is one of the numerous insects which have been suspected of conveying disease to man. Compared with such insect pests as mosquitoes, lice and flets, however, its role is decidedly a minor one. It has been claimed that the bedbug can take up the microparasites of European relapsing fever, plague, and possibly leprosy, along with the blood of men or animals suffering from these diseases. It is also possible that in rare instances the bedbug may transmit plague or European relapsing fever to man. On the other hand, there is no convincing evidence that the bedbug is the usual and ordinary insect transmitter of these or any other disease at present known to us.

If the bedbug acts as a transmitter of disease, it apparently does so by the accidental carriage of disease elements on the mouth parts; but this occurs only under the most favorable conditions. These would require, first, the presence of great numbers of parasites on the skin or in the blood of a man or animal sick with some disease transmissible to man by subcutaneous inoculation; second, it would probably be necessary that there should be many bugs biting in order that one or more of them should bite some healthy person within a rather short space of time after these insects had fed on the infected individual.

In actual practice these conditions would be found only in the most filthy and insanitary surroundings and would call for drastic measures to exterminate all vermin. It is, of course, possible that under unsettled conditions where sick and well are crowded together with no facilities for cleanliness, bedbugs might act as transmitters of septicemic diseases. Experience has shown that under such grossly insanitary conditions such insects as fleas and lice appear to be and are far more dangerous as carriers of disease. Special measures for their extermination should be taken. Added pre-

cautions for the examination of bedbugs under these conditions would probably not be justified by the results.

Notwithstanding the minor role which must be assigned the bedbug as a carrier or disease, its presence is an offense against sanitary decency. Its bites are quite poisonous to some people, and its odor most disagreeable; and every effort should be made to keep all dwellings, hospitals, ships, and other premises free from these disgusting insects.

Dr. L. O. Howard, Chief of the Bureau of Entomology, United States Department of Agriculture, and consultant United States Public Health Service, has permitted the quotation of the following passage from Farmer's Bulletin No. 754, by C. L. Marlatt, which gives an authoritative account of the habits, life history, and the means of control of these insects.

General Characteristics—The bedbug belongs to the order Hemiptera, which includes the true bugs or piercing insects, characterized by possessing a piercing and sucking beak. The bedbug is to man what the chinch bug is to grains or the squash bug is to cucurbs. Like nearly all the insects parasitic on animals, however, it is degraded structurally, its parasitic nature and the slight necessity for extensive locomotion having resulted, after many ages, doubtless, in the loss of wings and the assumption of a comparatively simple structure. Before feeding, the adult is much flattened, oval, and in color is rust red, with the abdomen more or less tinged with black. When engorged, the body becomes much bloated and elongated and brightly colored from the ingested blood. The wings are represented by the merest rudiments, barely recognizable pads, and the simple eyes or ocelli of most other true bugs are lacking. The absence of wings is a most fortunate circumstance, since otherwise there would be no safety from it even for the most careful of housekeepers. Some slight variation in length of wing pads has been observed, but none with wings showing any considerable development has ever been found.

Habits and Life History—The bedbug is normally nocturnal in habits and displays a certain degree of wariness, caution and intelligence in its efforts at concealment during the day. Under the stress of hunger, however, it will emerge from its place of concealment in a well-lighted room at night, so that under such circumstances keeping the gas or electric light burning is not a complete protection. It has been known under similar conditions to attack human beings voraciously in broad daylight. It usually leaves its victim as soon as it has become engorged with blood and retires to its normal

place of concealment, either in cracks in the bedstead, especially if the latter be one of the wooden variety, or behind wainscoting, or under loose wall paper; and in these and similar places it manifests its gregarious habit by collecting in masses. It thrives particularly in filthy apartments and in old houses which are full of cracks and crevices, in which it can conceal itself beyond easy reach. As just noted, the old-fashioned, heavy, wooden-slatted bedsteads afford especially favorable situations for the concealment and multiplication of this insect, and the general use in later years of iron and brass bedsteads has very greatly facilitated its eradication. Such beds, however, do not insure safety, as the insects are able to find places of concealment even about such beds, or get to them readily from their other hiding places.

The bedbug takes from five to ten minutes to become bloated with blood, and then retires to its place of concealment for six to ten days for the quiet digestion of its enormous meal and for subsequent molting or reproduction if in the adult stage.

The eggs hatch in a week or ten days in the hot weather of mid-summer, but cold may lengthen or even double this incubation period or check development altogether. The young escape by pushing up the lid-like top with its projecting rim. When first emerged they are yellowish white and nearly transparent, the brown color of the more mature insect increasing with the later molts.

Unfavorable conditions of temperature and food will necessarily result in great variation in the number of generations annually and in the rate of multiplication, but allowing for reasonable checks on development, there may be at least four successive broods in a year in houses kept well heated in winter.

Food and Longevity—Under normal conditions the food of the common bedbug is obtained from human beings only, and no other unforced feeding habit has been reported. It is easily possible, however, to force the bedbug to feed on mice, rats, birds, etc., and probably it may do so occasionally in nature in the absence of its normal host. The abundance of this insect in houses which have long been untenanted may occasionally be accounted for by such other sources of food, but probably normally such infestation can be explained by the natural longevity of the insect and its ability to survive for practically a year, and perhaps more, without food.

Influence of Temperature—As a messmate of human beings in dwelling houses, the bedbug is normally protected from extreme cold and is known to be an abundant and

serious pest far north. In fact, it is often more troublesome in north temperature latitudes than farther south. This may be accounted for partly by the fact that the bedbug is very sensitive to high tmeperatures, and a temperature of 96 to 100 degrees F. or more, accompanied with a fairly high degree of humidity, results in the death of large numbers of bugs. The mature or partly mature bedbugs can stand comparatively low temperatures, even below freezing, for a considerable period. The eggs and newly hatched larvae, however, succumb to a temperature below freezing if this condition is prolonged for from fifteen days to a month. The feeding and developing activity of the insect practically ceases at 60 degrees F., the insect remaining quiescent and in semi-hibernation at temperatures below this point. The most favorable temperatures for activity are between 60 and 98 degrees F. The activity of the insect is controlled entirely by temperature and food supply, and therefore in heated houses the insect may remain active throughout the winter. There is some protection in winter, therefore, in sleeping in cold bedrooms.

The Bite of the Bedbug—The bite of the bedbug is decidedly poisonous to some individuals, resulting in a slight swelling and disagreeable inflammation. To such persons the presence of bedbugs is sufficient to cause the greatest uneasiness, if not to put sleep and rest entirely out of the question. With others, however, who are less sensitive, the presence of the bugs may not be recognized at all, and except for the occasional staining of the linen by a crushed individual their presence might be entirely overlooked. The inflammation experienced by the sensitive persons seems to result chiefly from the puncture of the skin by the sharp piercing setae which constitute the puncturing element of the mouth parts, as there seems to be no secretion of poison other than the natural fluids of the mouth.

The biting organ of the bedbug is similar to that of other insects of its order. It consists of a rather heavy, fleshy under lip (the only part ordinarily seen in examining the insect), within which lie four thread-like hard filaments or setae which glide over one another with an alternating motion and pierce the flesh. The blood is drawn up through the beak, which is closely applied to the point of puncture, and the alternating motion of the setae in the flesh causes the blood to flow more freely.

To allay the irritation set up by the bite of the bedbug, peroxide of hydrogen or dioxygen may be used with good results.

Tincture of iodine either at ordinary or double strength is also a good counter-irritant for use in cases of flea, mosquito, bedbug and other insect bites, but should be used with caution on the tender skin of small children and on those who are affected with or disposed to eczemic disorders.

Natural Enemies of the Bedbug—Living always in houses as it does and being well concealed, the bedbug is not normally subject to much if any control by natural enemies. Certain other household insects, however, do occasionally prey upon the bedbug, as, for example, the house centipede and the common little red house ant. Such enemies, however, are of very small importance and yield little, if any, effective control except under very exceptional circumstances.

Remedies—Undoubtedly the most efficient remedy for the bedbug is to fumigate the infested house or rooms with hydrocyanic-acid gas. This gas will penetrate into every crevice in the house or room where the bedbugs conceal themselves and has an immediate effectiveness which gives it an important recommendation, especially when the infection is considerable or of long standing. This method of fumigation should be intelligently employed, as the gas is deadly poisonous. Five ounces of potassium cyanide per 1,000 cubic feet of space should be employed; exposure, one hour.

The fumes of burning sulphur are also a very efficient means of control where the conditions are such that this method can be used, readily destroying the insect in all stages, including the egg. The treatment is inexpensive compared with the use of hydrocyanic-acid gas, and offers much less risk of danger to human beings. There is, however, a considerable risk of injury to household fabrics, furnishings and wall papers from the strong bleaching quality of sulphur fumes. This danger will be somewhat diminished if the fumigation can be done at a time when the room or house is thoroughly dried out, as in winter by a furnace or other heating system. Further precautions should be taken by removing all metallic surfaces from the room or building, or by protecting them with a coating of vaseline.

Four pounds of sulphur are recommended for each 1,000 cubic feet of space, and the building should be closed for the treatment for at least five or six hours. Sulphur candles may be used where available, or the sulphurous gas or fumes can be generated by burning the sulphur in a dish placed in the center of the room, and for protection set within a larger vessel. Thorough-going precautions must be taken to prevent accidental overflowing or the starting of a fire, and after the fumigation the house should be given a thorough airing.

Other gases have been experimented with, such as formalin and the vapors of benzine, napthalene and camphor, but these gases are of little value. Similarly, insect powders are of little value, largely from the difficulty of getting them in the crevices and other places of concealment of the insects.

The old-fashioned household remedies referred to below are effective enough, though at a greater cost of time and effort. They will, however, be often of much service in the case of slight or recent infestations, or where the employment of more poisonous and truoblesome gases is objected to or is impracticable. Of these simple methods of control perhaps the most efficient is in very liberal applications of benzine or kerosene, or any other of the lighter petroleum oils, introduced with small brushes or feathers, or by injecting with syringes into all crevices of beds, furniture or walls where the insects may have concealed themselves. Corrosive sublimate is also of value, and oil of turpentine may be used in the same way. The liberal use of hot water, wherever it may be employed without danger to furniture, etc., is also an effectual method of destroying both eggs and active bugs.

A remedy for the bedbug has been devised by Mr. R. H. Pettit ("Notes on two insecticidal agents," 10th Rept. Mich. Acad. Sci., p. 159-160, 1908), as a substitute for hydrocyanic-acid gas and sulphur, and is reported to have proved very successful. The preparation of this insecticide and its application is described as follows:

Alcohol is drawn through pyrethrum in a funnel until the powder is well washed and a large part of the resinous principle extracted. To do this, the powder is placed in a large funnel with filter-plate and a layer of cotton wool at the bottom. An aspirator is attached and the alcohol is at first slowly and later rapidly sucked through six or eight times, during which operation it becomes highly colored. To this liquid as a basis are added several oils to give permanence to the application. Both alcohol and pyrethrum evaporate so quickly that it was thought best to carry in some heavier volatile oils whose effects would last several days or even weeks. The formula when completed stands as follows:

To the extract made by washing 400 grams of pyrethrum with 2,000 c.c. of strong alcohol are added 50 grams gum camphor, 150 c.c. cedar wood oil, 25 grams oil citronella, 25 grams oil lavender. The application is best made with a large-sized atomizer, one holding a pint or more and working with a piston instead of a rubber bulb. * * * To obtain the best results, repeat the treatment after about two weeks.

We have tried this mixture repeatedly and with uniformly gratifying results. Usually one application, if thoroughly made, put a period to the complaints, about eight to ten ounces being required in an average sleeping room. The odor remains some little time in a room, but is not disagreeable to the average person. This remedy can be readily prepared by a pharmacist in any drug store.

Various bedbug remedies and mixtures are for sale, most of them containing one or another of the ingredients mentioned, and these are frequently of value. The great desideratum, however, in a case of this kind, is a daily inspection of beds and bedding, particularly the seams and tufting of mattresses, and of all crevices and locations about the premises where these vermin may have gone for concealment. A vigorous campaign should, in the course of a week or so, at the outside, result in the extermination of this very obnoxious and embarrassing pest.

Temperature Control—The possibility of temperature control is indicated in the discussion elsewhere of the effect of temperature on this insect. A temperature maintained below freezing for ten or fifteen days destroys the eggs, and this temperature continued for fifteen days to a month will destroy the newly hatched young. It may be, therefore, that if infested houses in cold climates should be opened up and allowed to remain at a temperature well below freezing for a considerable period, all eggs and the young, and possibly most if not all of the adults, would be exterminated. This method of control might perhaps be practicable at least in the case of summer houses in the north which are left untenanted in the winter.

The maintaining of high temperatures may be an even more efficient method of control. The activity of the bedbug is at its greatest between 60 and 70 to 75 degrees. As indicated elsewhere, in a temperature of 96 to 100 degrees F., accompanied with a high degree of humidity, newly hatched bedbugs perish within a few days, and, if this temperature is raised to 113 F., in a few minutes. A temperature of 113 degrees will also destroy the eggs, and with these higher temperatures the item of humidity is not apparently important.—(Public Health Reports, vol. 35, No. 50.)

SOCIETY CALENDAR

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1922. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May 17-18, 1921, Long Beach, Cal. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1921. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Died: Eugene F. West, graduate of the California Eclectic Medical College, 1889, died at his home in San Francisco, on June 8, 1921. Dr. West had been a subscriber to this Journal for many years.

Dr. B. E. Dawson and wife, Dr. Dawson, of Kansas City, after attending the National meeting, are spending some time in California. Dr. Dawson operated at the Westlake Hospital recently.

Dr. J. A. Munk, Los Angeles, and Prof. J. U. Lloyd of Cincinnati, are enjoying a trip to Arizona. Mrs. Lloyd is convalescing from her operation for appendicitis at the Westlake Hospital.

Dr. P. M. Welbourn, Los Angeles, has returned from her vacation trip to Yosemite National Park.

SOOTHING NEURASTHENICS

Among the symptoms that most neurasthenics complain of are vague pains and insomnia. To give such patients narcotics or the usually employed hypnotics is unwise owing to the depressing after-effects so frequently experienced and also by reason of the possibility of habit-formation. And yet some measure of relief must be given these patients.

A great many careful clinicians have found for such patients that Pasadyne (Daniel) acts in a most satisfactory manner in relieving the pains complained of and the restlessness at night. Not only is Pasadyne (Daniel) potent, but also it is free from depressing effects and will not subject the patient to the habit-formation dangers of narcotics.

Pasadyne (Daniel) is a concentrated tincture of passiflora incarnata. A sample bottle may be had by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Ga.

The California Eclectic Medical Journal

Vol. XLII **OCTOBER, 1921** **No. 10**

:: Original Contributions ::

NECESSITY OF MICROTOME SECTION BEFORE HYSTERECTOMY

Dr. T. C. Young, Glendale, California

Read Before the California Eclectic Medical Society

Considering the subject of Hysterectomy from all angles, as diagnosis, etc., we have a large field before us, such as: myomas, fibromas, and other types of supposed benign tumors.

We must not lose sight of the consideration of the cervix. If there is such pathology in the uterus, you must remember that there is very likely such pathological conditions in the cervix, due to malposition, producing erosions of the mucus membranes, etc.

In considering carcinoma in general, 42% are primarily in the mammary glands, 24 % in the stomach, duodenum and gall-bladder, and 34% in the Uterus; of those in the Uterus, 79% are primary in the Cervix. We know that this part of the organ suffers the greatest trauma, and is subject to almost constant irritation, due to dilitation in childbirth, and consequent irritation due to scar formation following laceration, etc. In this consideration we must refer to Cohenheims Theory of Embryonic tissue at rest, and Roberts Hypothesis regarding mechanical irritation.

The points in his theory are:

1. All malignant tumors originate in cells which have been separated from their normal relationships.

2. This separation occurs either by a disturbance of the embryonal or post-fetal developmental processes, or by trauma, or by processes of growth, which are the ultimate results of inflammation.

3. The disassociate cells grow independently and in limitless fashion, because the organism has lost control of them.

4. The difference in the type of tumors are accounted for by the character of the originally separated cells and the conditions under which they have grown.

I think this is the most accepted theory of today, because it holds true in every part of the body where malignancy is found.

We do not consider that malignancy is a spontaneous condition that comes over night, but it is one that has a long, pre-malignant stage; now if this is the condition we must turn our attention toward investigation by the use of the microtome, and the microscope, and I am free to say I think it is necessary to make a microtome section before doing any subtotal hysterectomy, regardless of how simple the case may be.

Just a few points which may be observed under the microscope, which is characteric of pre-carcinoma.

A diagnosis of typical carcinoma is very easy, but a pre-carcinomatus condition is very much more difficult.

When examining a slide of the cervix, you see some scattered epithelial cells in the connective tissues of the cervix that are characteristic of the vaginal mucous-membranes of the cervical mucosa of the cells lining Naboth's glands, and are clumped in irregular formation, having no regular arrangement, as you would expect to see in a gland, or a protective membrane. You must immediately think of Roberts' Hypothesis and then you can decide in your mind that you have a pre-malignancy that will eventually form a cancerous growth, if allowed to remain for a few years.

I do not think in these cases it is necessary to surgically remove all of the cervices, but they may be overcome by the use of the Percy Cautery.

It has been well proven that carcinomatus and prezcarcinomatus cells may be destroyed at 30 degrees lower than normal organized tissues, so by introducing a cold Percy Cautery point into the cervix and allow it to raise to a cooking heat and not a charing heat, the pre-carcinomatus cells will be destroyed and the normal tissue may not be seriously injured, and a good safe prognosis may be given.

LABORATORY DIAGNOSIS OF PEPTIC ULCER

M. A. Welbourn, M.D., Los Angeles

The X-ray examination of the stomach in the hands of competent observers, has almost solved the question of the diagnosis of gastric and duodenal ulcer. McClure[1] says that by radiographic studies, evidence of gastric or duodenal ulcer

can be demonstrated in the great majority of ulcer cases, in which such studies are properly executed. Mayo[2] states that such evidence is found in 95% of the cases of peptic ulcer. The exact character of these findings is fully discussed by Carman[3].

So much reliance has come to be placed upon the X-ray that the analysis of the gastric contents has been pushed into the background. Due to this disregard, valuable corroboratory evidence is often lost. Before the advent of the Rehfuss tube the passing of the large stomach tube was a procedure not to be regarded lightly, especially if the patient had been through the experience. At the present time patients rarely complain of the examination when the small tube is used. In addition the marked advantage of being able to draw off samples for analysis at stated intervals makes the test much more valuable.

In the typical cases of peptic ulcer the diagnosis can usually be made by a careful history and a physical examination. But when the atypical cases are met with, then, all the aids to diagnosis are found useful. There are several more or less clearly defined atypical varieties of peptic ulcer. In the gall-bladder type of peptic ulcer the pain resembles in all respects that occurring in Cholelithiasis. This pain may occur in periods of exacerbation, as in typical peptic ulcer, or at irregular intervals. Then there is a type of ulcer with constant epigastric pain. Food either does not relieve the pain or aggravates it. A third atypical type is the one marked by excessive vomiting. Another is the one which closely resembles malignancy.

In studying these cases clinically, tre modified Rehfuss tube is used. If there is a history of food being vomited more than four hours after a meal, or any reason to suspect pyloric obstruction, the tube is passed on the fasting stomach, i. e., twelve hours after a full meal. Otherwise the patient has the evening meal as usual, and nothing is eaten until the test in the morning. The patient is then given a shredded wheat bisciut and four hundred c.c. of water, and the tube swallowed. At thirty minutes intervals thereafter, ten to twenty c.c. of gastric contents are withdrawn.

High acidity is the common finding in peptic ulcer. Lockwood[4] estimates that 80% of hyperacidities are due to other causes than peptic ulcer. Granting this to be true, it detracts but little from the value of the finding when properly evaluated with the history. On the other hand, the presence of free HCL is of marked importance, because the latter is rarely found in malignancy of the stomach.

Food residue from the fasting stomach is of importance in relation to pyloric obstruction, especially if obtained on repeated examinations. In persistent pylorospasm and atony of the stomach wall, a twelve-hour residue may be found in the fasting stomach. This must be always borne in mind.

The finding of occult blood is of little importance unless it is found repeatedly, because trauma, incident to the swallowing of the tube migrt account for it. The finding of gross quantities of fresh or changed blood is of great diagnostic importance.

The emptying time of the stomach in the presence of a hyperacidity is usually delayed. This can be arrived at by noting the time of disappearance of food remnants in the specimens withdrawn.

Microscopically, the food particles obtained from the fasting stomach are examined for starch granules, yeast cells, meat fibers, red blood cells, mucus and bacteria.

The examination of the gastric contents is of enough importance, and ease of accomplishment, that it should not be relegated to the past. Possible discomfort to the patient is not to be disregarded, but in view of the value of the information to be gained, is of small consideration. The diagnosis of peptic ulcer should never be made on the evidence of either the x-ray or gastric analysis alone. They should always be considered in addition to the history and physical examination, which are, after all, the most valuable aids to the correct diagnosis.

1. McClure, C. W., and Reynolds, A.: Gastric and Duodenal Ulcers: Typical and Atypical Forms; the Relative Values of Diagnostic Procedures. The Boston Medical and Surgical Journal, Vol. clxxxiii, No. 11, pp. 321-328, September 9, 1920.
2. Mayo, C. H.: Collected Papers of the Mayo Clinic, 1918, x, 81.
3. Carman, R. D., and Miller, A.: The Roentgen Diagnosis of the Alimentary Canal, Philadelphia, 1917, 386.
4. Lockwood, G. R.: Diseases of the Stomach, New York, 1913, 460.

COLLOIDAL SPECIFIC MEDICINE CHIONANTHUS

H. Ford Scudder, M. D.

Specific Indications: "Clay-colored stolls, high colored urine; tenderness and pain in region of liver."

Further indications for the use of Chionanthus are yellowishness of the conjunctiva, yellow or copper-colored skin, pain in the epigastric and right hypochondriac regions. It is also indicated when the skin has a dirty or sallow appearance, the urine scanty, leaving a yellow stain on the clothing, stools light-grayish, hepatic tenderness, dull and expressionless eyes. The only preparation to use is the Specific Medicine, now perfected as **Colloidal Specific Medicine Chionanthus.**

The special action of Chionanthus is upon the liver, and to some extent upon the organs of digestion and blood making. It has a tonic effect upon the stomach and bowels, and influence the whole glandular apparatus. It is the remedy for engorgement of the liver and jaundice. It is especially valuable in catarrhal conditions of the common bile duct, and in acute congestion of the liver, with imperfect discharge of bile. It is valuable for the prevention of the formation of gall stones, and is equally efficient in aiding their expulsion. Use Specific Medicine Chionanthus, gtt. v-x, in a little water, four or five times a day.

For the jaundice of children or infants, and for the jaundice of pregnancy, we have no remedy more reliable than Chionanthus, nor one more prompt in its action. It is valuable in hypertrophy of the liver, due to obstruction of the ducts, or especially of malarial origin. In combination with Specific Medicine Euonymus, it is an excellent remedy in bilious colic, in biliary intermittent and remittent fevers, with impaired digestion and sallow skin.

Chionanthus has been strongly recommended as a valuable aid in the treatment of diabetes mellitus. For this, give Specific Medicine Chionanthus in fifteen drop doses, in a little water, four times daily.

Chionanthus is called for when there is a lack of functional activity of the liver, with extreme irritability and vomiting of bilious material. It is also used with benefit in chronic inflammation of the spleen, disease of the pancreas, and other glandular structures.

COLLOIDAL SPECIFIC MEDICINE APOCYNUM

H. Ford Scudder, M. D.

Specific Indications: "Edema of cellular tissue, especially swelling of the feet."

Apocynum is indicated in all passive dropsies with feeble circulation, urine scanty and high colored, skin doughy, cool and relaxed, pitting on pressure; face puffy, especially the cellular tissue under the eyes; hands, ankles or feet puffy, with dropsical effusion. Apocynum strengthens the circulation, promotes absorption, and produces a greatly increased flow of urine, without irritation of the kidneys. It is extensively used in the treatment of dropsy, and with most satisfactory results. We employ it in edema, anasarca or dropsy of the serous membranes, when there is no obstruction to the circulation, and no febrile action.

Form of Preparation Used: Many physicians prefer a decoction of the fresh root, but the form of Apocynum I invariably use, and the one to which reference is made in this article, is Specific Medicine Apocynum, now included among the "**Colloidums.**" This carries the full strength of the drug, it is a clean preparation, and gives a clear mixture with water, syrup or glycerin. When the proper indications for Apocynum are present, I have always obtained satisfactory results from the use of the Specific Medicine, in various sized doses. To overcome the bitterness of Apocynum, it may be administered in capsules.

Apocynum restores the natural functions of the blood vessels, stimulates the absorbent system, removes the edematous infiltration, and prevents further exudation. Use it in dropsy resulting from feeble heart action, with lowered blood pressure and poor capillary circulation, also in diseases of women, where the tissues are relaxed and flabby, urine scanty and high colored, in anemia, menorrhagia, where the uterus is full, boggy, and relaxed with watery leucorrhea, and in passive hemorrhage from the uterus.

Combined with Specific Medicine Digitalis (which is non-toxic in action),* Apocynum is a valuable agent in the dropsy following scarlet fever. The same combination is useful in dropsical affections resulting from heart trouble. Use it in all forms of dropsy, whether due to liver, heart or kidney disease. In the treatment of hydropericardium, it is the best remedy we possess.

An an Anti-Rheumatic: Apocynum is extensively employed, and with excellent results, as an anti-rheumatic. In rheumatism, where there is a tendency to edema, or where the skin presents a blanched or glistening appearance, Apocynum proves a valuable agent. In sciatica, lumbar and crural neuralgia, try Specific Medicine Apocynum, gtt, xxx, in water ℥iv, giving a teaspoonful of the mixture half-hourly until the pain is relieved, then hourly. Apocynum is also valuable as an alternative, and has been successfully employed in syphilis, chronic skin diseases, and scrofula.

* No cumulative effect has ever been reported from the use of Specific Medicine Digitalis. See Lloyd Brothers Drug Treatise on Digitalis.

MITRAL VALVE AND ITS DISEASES

M. C. Belknap, M.D., Mayville, N. Y.

"Mitral regurgitation is one of the most common conditions which is met with in practice," so says one of our ablest authors in medicine. It is a condition of great importance.

It is of the utmost importance to remember that some of the cases of mitral regurgitation are merely the results of temporary changes in the left ventricle, and are evidently curable, while others are due to structural changes which are often permanent and incurable.

These difficulties are termed functional and organic. The term "functional" is often misleading. It is certain that well-marked functional and organic changes are present in many cases of curable mitral regurgitation, as in chlorosis. We have read that mitral regurgitation is often the result of fatty changes in the wall of the left ventrible. This is frequently termed by authors a functional murmur, when, I should think, a more proper term would be a murmur caused from a structural derangement. A functional mitral murmur is caused by a sudden over-distension of the left heart, producing a temporary leak. This, I should think, would be true of the other valves. It could be expected in a perfectly healthy heart, hence the functional mitral murmur would be exceedingly rare. We are told that where the regurgitation is associated with and caused by distinct organic alterations, usually in the muscular walls of the left ventricle, the organic changes on which the regurgitation depends are rarely dispelled by treatment.

The mitral regurgitation which so often occurs in anemic patients, also that following a long attack of fever occurring from cardiac debility, are also curable. It is necessary to treat these cases carefully, as you all know by experience.

Those cases of mitral regurgitation associated with kidney diseases; atheromatous conditions of the peripheral arteries of the heart; any mitral regurgitation in which the leak is caused by over-distension of the walls of the left ventricle, resulting from increased pressure in front, this may be a possibility these cases may be associated among the curable cases.

In a large number of cases of mitral regurgitation due to obstruction in front, and resulting from over-distension of the left ventricle, it can readily be seen that the wall of the ventrible is not healthy. If the wall were absolutely healthy the regurgitation would not occur, very rarely at least; for the ventricle, instead of giving way and dilating before the obstruction and allowing the leak through the valve, would redouble its efforts and become hypertrophied.

It is utterly impossible to classify every mitral regurgitation as we see it by the bedside. It is often the case that a temporary regurgitation or mitral leak will occur again and again when the left ventricle is subjected to any temporary

over-pressure. A continued and oft-repeated over-distension of the left ventricle produces a hypertrophied condition, consequently a weakened state of the muscular fibres, giving rise to temporary mitral regurgitation. Some cases result from changes in the chordae tendinae. These structures may become thickened or shriveled in different degrees. This nearly always, we are told, occurs from endocarditis resulting from rheumatism and other chronic changes, also from gout and syphilitic changes. I think it is more likely that the chief cause of mitral regurgitation, especially when it is a free and profuse leak, is due to an incompetent condition of the cardiac muscles than to any great changes in the valve segments. A very free regurgitation does, however, occur from an ulcerated condition in endocarditis which destroys the valve structures.

There is a condition, termed by some authors, "relative incompetence," associated with dilation of the left ventricle. Any condition producing dilation of the left ventricle may in consequence produce mitral regurgitation. All conditions which impair the contractility of the muscles of the left ventricle, especially the fibers which surround the mitral orifice, will produce an imperfect closure of the valve, consequently you have mitral regurgitation.

It might not be out of place to right here mention some of the changes in the cardiac walls that produce mitral regurgitation, which is difficult, if not impossible, to cure by any of our present therapeutic means. They are: Myocarditis and the changes it produces in the heart-wall; the changes produced in the cardiac wall by atheroma of the coronary arteries; the fatty changes which occur in middle age and old people, not the result of anemia; fibrous degeneration of the heart-wall; a degenerated condition of the heart-wall occurs as a result of the engorged condition of the veins and lymphatics, that is incurable. These are some of the conditions for which it would be utterly useless to use more than a palliative treatment. All authors, as far as I have read, agree that it is not always an easy matter to diagnose these different conditions at the bedside, and to tell whether the condition upon which the mitral regurgitation depends is curable or not. Many of the conditions will disappear for a time under careful treatment, but they return after a time seemingly more vigorous than ever, and, if not very cautious, the physician is liable to hasten a fatal termination.

It is nearly impossible in any case of mitral disease to speak with any degree of confidence as to the future course of the disease, until we have come to a definite conclusion in

our own mind regarding it, and what is of more importance in the correct determination of the point is in many cases of vital importance as regards treatment. For example, in many curable mitral regurgitations to give a cardiac tonic would be positively injurious, whereas in permanent organic changes these remedies, as every physician knows, would be of the utmost service. The decision as to whether the condition on which a mitral regurgitation depends is curable or not, is in some cases easy, while in others most difficult. In a case of acute rheumatism it is sometimes a very difficult matter to decide whether a systolic mitral murmur is due to inflammatory changes of the heart, and liable, therefore, to be followed by permanent injury to the valve, or whether it is the result of mere temporary alterations in the cardiac muscles, produced by the febrile process and the anemia which are present.

I do not propose on this occasion to enter into minutiae, but I may say that in trying to determine whether a mitral regurgitation is due to curable or incurable conditions the following seem to me the most important points to be taken into account, viz., the age, the general condition of the patient, and the fact whether he is sucering or has suffered from any disease which is likely to be the cause of those conditions which we know are apt ot be attended by curable mitral regurgitations, on the one hand, or with permanent and incurable mitral regurgitations, on the other. I will illustrate by one or two cases. If the patient is very anemic, if there be a venous hum in the neck and a systolic murmur in the pulmonary tract, the heart will in all probability become perfectly normal, and the mitral systolic murmur will disappear provided the anemia can be removed by appropriate treatment. In these cases mitral regurgitation is a secondary result; the alarming condition of the case is in no way determined by the presence of the mitral murmur; it is not essential in forming a prognosis; this has to be based not upon the cardiac lesion, but upon the cause of the anemia, and the treatment has to be directed to the restoring of the blood rather than to the relieving of the cardiac symptoms. If the anemia be cured, the cardiac symptoms will disappear. To treat such cases with cardiac tonics would cause serious results. A mitral regurgitation appearing after an attack of fever, as typhoid or typhus, or in any condition in which the heart is temporarily enfeebled, and in which endocarditis does not appear, is in all probability the result of temporary changes in the muscular wall of the organ, and completely curable.

A mitral systotic murmur which occurs in the early stages

of acute rheumatism is probably associated with acute endocarditis or acute myocarditis, or both, which are apt to leave permanent organic changes behind them. In teating doubtful cases of this description, it is the duty of every physician to be very cautious. In a large number of cases of mitral derangement caused by rheumatism derangement can be greatly lessened by appropriate treatment. I fully believe one might produce permanent injury to the value by injudicious treatment in rheumatic inflammation of the heart, when, by allowing complete rest and some applicable treatment, the difficulty will subside. A mitral regurgitant murmur which is not the result of rheumatism or other well-known causes of endocarditis, is of much more serious signficance in a middle-aged or old person than in a young person. The important questions which have to be answered in all diseases of the mitral valve are: Why has the condition occurred? Is it due to an attack of rheumatism? Does it depend upon some temporary enfeeblement of the cardiac muscle, which is liable to pass away under appropriate treatment? Is it the result of incurable degeneration in the coronary arteries or wall of the heart? Is it the result of a process of chronic thickening or contraction which has for years been gradually and surely going on in the valve, and has up to the time of the breakdown been satisfactorily compensated?

THE DRUG ADDICT

Stanley Tommasello, M. D., Greenwich, Conn.

Is the drug addict a maniac or a sick person?

We will analyze and scrutinize briefly this subject.

A drug addict is a very sick person, whose suffering is from a chronic form of toxicity, from which depends his existence, like other cases, as chronic alcoholism, nicotinism, etc.

The toxins from animal, vegetable or mineral sources act powerfully on the animal body, and they (toxins) are the factor *sine qua non,* to a certain extent, to keep the organs working, no matter if at the detriment of other glands (liver, spleen, kidneys, etc.) When we want to detoxicate an organism all at once from any infection, we can witness an organic catastrophe, the same when a perspiring body is exposed to a temperature at the zero point bluntly.

Many times our profession lose cases of pneumonia when alcoholic beverages are not administered to sick drunkards. Those unfortunate patients were betrayed from casual addict

in the course of their starting, and once the exhilarant drug is taken and the victim pleased by the dream-like effect, the prey can not stop its use. From the first small dose to the large maniacal dose the step is short, and when the habit is started and continued the addict seems to live under a strange influence, whose power makes the prey a kleptomaniac, slave, etc. Now we will try to find a way to meet this devil habit and see what we can do to cure this chronic organic toxicity.

First of all, we must admit *a priori:* (1) That animal toxins are better and quicker eliminated by antitoxins; (2) that inorganic poisons (chimotoxis) are neutralized by chemical reactions; (3) that vegetable poisons are neutralized by physiological reactions. Now what to use for these patients? In this case the physiological reaction will answer the purpose. But besides the physiological reaction other ways and means shall be employed.

The patients should be taken from the surroundings where they contracted the habit and be confined in some sane, healthy and bright location where life could be taken easily and cheerfully. Any kind of amusement should be offered to them, even hard but varied occupations.

Plenty of food of any kind should be taken, even in the course of the night. Every five hours a hypodermic injection composed of 20 centigrams of quinine bromidrate with 1-75th grain of atropine sulphate, dissolved in 4 c.c. of glycerine and camphor water. Every evening a moral catechism should be imparted to them and left to their consideration, what a life they were living under narcotic influences, and impressing on their souls the new life they must start in the community, recommending to reciprocate their benefit with friends and taking out other unfortunates from the most dangerous habit.

I do not consider it wise to have patients treated by the reduction cure, as the largest number of these afflicted belong to the hard working class, with no large income, and when they have no funds to buy the drug they steal or become slaves. Should the Government offer a hand to these unfortunates for their safety and for the safety of our community? I think there is no better way to save, help and control millions of disgraced human beings than the direct control of the Government.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscrints will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PROFESSIONAL SUCCESS

It has been stated that only three per cent of those who engage in business make a success of it. Professional men, by reason of a more thorough preparation, make a better showing. But even so, it is none too good. Furthermore it is readily susceptible of improvement. Of the many reasons for lack of professional success, one is conspicuous. It is the failure to do one's best. A feeling, conscious or otherwise, that to do less, is good enough—that such work will "get by," any way. However, it frequently happens that the patient or his friends sense the true state of affairs, and they don't like it. Later he will learn that the next time they need a doctor, they tried out another man. To be successful in the practice of medicine demands hard work and lots of it. But this is true of other walks of life, also. Why not take life easy? The majority do! Well, of course, if you are built that way!

SPONGIA

(A Preparation of Euspongia Officialis.)

J. T. Lloyd, Ph. G., Cincinnati, O.

The subject "Spongia" is of interest from many angles, not the least being the position of sponge in nature, and its historical record among naturalists. Indeed, although the primary object of this paper is to contribute to the history of its pharmacy, we might scarcely be excused were we to neglect a brief account of its biology.

All sponges are aquatic, and almost all are marine. A few species of true sponges are inhabitants of fresh water rivers, ponds and ditches. Of the great number of marine species only a few, the bath sponges, enter into household economy, and consequently, only these are known to the majority of people. It is doubtful whether all people suspect that the sponge, as it reaches them, is only the skeleton of an animal that in life appeared more like a mass of brown or greenish jelly than like the familiar "bath sponge," or "carriage sponge" of commerce.

In size, form and general appearance there is a vast difference between different species of sponges. Some, like the bath sponge, have their form and size determined to a great extent by their age and by the environment in which they grow. For our present purpose, such sponges as these may be considered as colonies of individuals that may keep on increasing in some parts and dying out in other parts, with ever changing form and size. Other species are not colonial and are of much more definite size and form. No more beautiful and delicate objects exist in all nature than some of these, with their skeleton lattice of slender, glass-like threads of fine silica.

Regardless of size or superficial appearance, different species of sponges grow and perform their natural functions in much the same manner. Water is inhaled into certain pores. During its circulation it is relieved of its load of microscopic organism, and also of such mineral salts as the sponge can use as "food" in the formation of its skeleton.

The spicules that form the skeleton of the sponge, not only are quite different and characteristic in different species, in both size and shape, but the material itself varies with the species. In some they are calcareous, in some siliceous, in some horny, and in other species the skeleton is absent. Hence the pharmaceutical manipulator may produce very different products unless he selects sponges with the same care that he gives to the selection of medicinal plants. It is the skeleton

of the sponge Euspongia Officinalis, freed from foreign matter, that should be used in medicine.

The material which forms the skeleton of sponges, like the calcium of mollusc shells and the silica of diatom cysts, is extracted by the creature from weak solution in natural water. No doubt but that certain animals and plants play a large part in keeping these minerals as dilute as they are in nature. In this respect, Sollos, in the Cambridge Nat. Hist., 1909, states:

"The quantity of silica present in solution in sea water is exceedingly small, amounting to about 1½ parts in 110,000; it certainly is not much more in average fresh water. This is no doubt due to its extraction by diatoms, which begin to extract it almost as soon as it is set free from the parent rock. It is from this small quantity that the siliceous sponges derive the supply from which they form their spicules. Hence it would appear that from the formation of one ounce of spicules at least one ton of sea water must pass through the body of the sponge. Obviously from such a weak solution the deposition of silica will not occur by ordinary physical agencies; it requires the unexplained action of the living organisms."

Just how the iodine constituent of sponge is obtained is unknown. The proportion of iodine, in combination, is so small in sea water that it hardly seems possible that enough water could circulate through the canals of the sponge to account for the high percentage of iodine in its composition.

Considering the sessil form and plant-like growth of sponges and the lack of organs visible to the naked eye, it is small wonder that until comparatively recent times most writers have classified them as belonging to the vegetable kingdom. True it is that Aristotle believed the sponge to be an animal "though showing points of likeness to plants," and from his time until early in the last century an occasional author placed the sponge among the animals. Without the use of the microscope and without observing the water currents, nor the larval young, the opinion of these old authors were very correct guesses, made with little or no supporting evidence. It was not until 1765 that Ellis observed that "sponges give proof of life by sucking and throwing out water." In 1825 Robert Grant made more complete observations and noticed that a current "enters the sponge by small aperatures, scattered over the surface and leaves it at certain larger holes, always pursuing a fixed course." In 1867 James Clark first saw the protoplasmic collar of flagellate cells, thus accounting for the force that gives rise to the currents.

Although for a hundred years naturalists have seemed quite satisfied to classify the Porifera, or sponges, among the

animals, the perplexity caused by them has not ceased. When first classified as animals they were unhesitatingly placed among the Metazon, or multicelled animals. In 1884, embryological and morphological evidence led some investigators to contend that sponges are not metazoa, but protozoa. Even at the present time authorities do not agree as to which great group the sponges belong. Certain it is that they occupy a very isolated position in the animal kingdom.

The domestic uses of sponges are so numerous and so well known that their enumeration is far beyond the limits of the present paper. In early surgery they were saturated with oil and ignited to control hemorrhages, a use that was long ago discontinued. Until recently, when antiseptic methods came into practice, surgeons quite generally used sponges as swabs for wounds, and also made tents by saturating the sponge in wax and molding it while warm to the form desired.

In medicine, also, since very early time, preparations of sponges have played their part. Since the introduction of iodine and its compounds, however, their use has not been as general as formerly, although prepared sponge (spongia) is now a much used medicine, prized in the treatment of croup and in certain forms of goitre.

The Cambridge Natural History, a work that is in no way connected with the practice of medicine, states:

"**Spongia**—Von Furth points out that this term is really a collective one, seeing that the identity of the organic skeletal substance of all sponge species is hardly to be assumed. Spongia is remarkable for containing iodine. The amount of iodine present in different sponges varies widely, reaching in certain tropical species of the Aplysididae and Spongidae the high figure 8 to 10 per cent. Sea weeds which are especially rich in iodine contain, as a rule, only 1.5 to 1.6 per cent.

"At one period in the practice of medicine, a craze was instituted among many practitioners for the isolated energetic principles of plant preparations, such as the alkaloids and resinoids. This attempt to supersede natural structures of plants passed, as experience taught that in only a comparatively few instances did a drug yield a definite energetic constituent, and in most cases an isolated constituent of a plant as a whole. In like manner, many observing physicians believe that artificial iodine compounds, do not well serve patients whose symptoms call for spongia."

Far back in the practice of medicine we find accounts of many abandoned uses of sponges. Some of these are enumerated in the following paragraphs, taken from Motherby's Medicinal Dictionary, 1745:

A burnt sponge is of an acrimonious and digestive Faculty. Impregnated with Bitumen, and used while it is on Fire in order to be dried, it stops an Haemorrhage from a Wound. If Bitumen be wanting, Pitch may serve. A new sponge is manifestly drying, for if you apply it a Wound, either with Water, Posca, or Wine, it will prove as good an Agglutinant as those Medicines which are applied for stopping an Haemorrhage. Oribaf. de Virt. Simpl., Lib. 2, Cap. 1. But for the Face we use a sponge in order to revive and raise the Spirits when sunk, as in a Lipothymy, for which purpose we apply a Sponge dipt in the Summer in cold Water, but in the Winter in what is Milkwarm. But we must be cautious in such Cases, and not make the Application in the Beginning or Increase of the Fit, but in the State of Decline thereof; for in the Beginning we make Use of odoriferous things.

Sponge is a soft, light, porous Plant, resembling a Fungus, and adhering to the Rocks of the Sea. Almost all sponges are brought from the Mediterranean Sea. Sponges are of Use for enlarging Wounds when too small, and being burnt, afford an excellent powder for cleaning the teeth.

Sponge is a very remarkable plant, because when subjected to Distillation, it affords an urinous Spirit, resembling that procured from animal substances. Calcined Sponge is celebrated for its Virtues in curing the King's Evil, and not without Reason; for 'tis certain that in this Distemper many remarkable cures have been performed by it.

Many modern works credit the introduction of burnt sponge to Hahnemann and the Homeopathic school. Probably this school did introduce the tincture, but the following quotations from works long antedating Hahnemann or homeopathy seem to prove that to homeopathy is due the great credit of putting an old remedy into more perfect pharmaceutical form. The following quotation from Lewis, 1761, shows that sponges were then burned exactly as at the present time.

"Sponges have been commonly supposed a vegetable production, but is more probably, like the corallines, of animal origin. Chemically analysed, it yields, like animal substances, a volatile alkaline salt, and this even in larger quantity than I have obtained from any of the other animal matters, except the bags of the silkworm.

"Burnt in a close earthen vessel, till it becomes black and friable, it has been given in doses of a scruple against scrophulous complaints and cutaneous defedations; in which it has sometimes been of service, in virtue, probably, of its saline matter, the proportion of which, after the great reduction which

the other matter of the sponge has suffered in the burning, is very large. By virtue of this saline matter also, the preparation, if ground in a brass mortar, corrodes so much of the metal, as to contract a disagreeable taint and sometimes an emetic quality; hence the college expressly orders it to be powdered in a mortar of glass or marble."—Lewis's Materia Medica, 1761.

The following account, copied from "A New Medical Dictionary or General Repository of Physic," 1775, indicates that the author, even at that early date, was well informed regarding the use of sponge:

Spongia—Sponge.—It is somewhat like a fungus; it is a plant which grows in the sea; it is very bibulous, of a soft substance, full of perforations, and elastic.

"It is used instead of flannels for applying fomentations, for it keeps the heat longer; for tents to dilate wounds with, in which case it is dipped in hot bees-wax, then squeezed hard until it is cold, after which it is cut into proper sizes; for pledgets to be applied over the lint which is laid on the stump after amputating a limb; and in scrofulous disorder, and cutaneous foulnesses, for which end it is reduced, by lightly burning it to a black powder, which is given in doses from 10 grains to 1 scruple, two or three times a day; its virtues, which render it useful in these disorders, depend on a volatile, animal alkaline salt (with which it abounds), and oil of the sponge united.

"When sponge is cut in small pieces, and freed from the stony matters which are lodged in it, it is burnt in a close, earthen vessel until it is black and friable, and when being powdered in a stone or glass mortar, it is kept in a close vial for use. The burning should be discontinued as soon as the matter becomes thoroughly black; as the outside of a large quantity will be sufficiently burnt, before the middle is much affected, the best method is to cut it in small pieces, and keep it continually stirring in such a machine as coffee is roasted in.

"Except raw silk, more volatile alkaline salt (ammonia) is obtained from sponge than from any other matter. By boiling the sponge in water, it gives out a portion of sea salt; by burning to ashes, it yields a large quantity of fixed alkaline salt, the same as is obtained from the sea-salt."

Although as stated, many modern books attribute credit for the introduction of Spongia to Hahnemann, the following quotations from the works of Hahnemann (1843) prove that he himself credited its introduction to others, at least as far remote as the thirteenth century:

"Cut the sponge in pieces of moderate size, place them in

a coffee roaster, and roast them over hot coals, turning them constantly until they are of a brown color, and easily powdered. Twenty grains of this powder are mixed with four hundred drops of good spirits of wine. Let this digest for a week, stirring it twice each day, but without the addition of heat. Twenty drops of the tincture thus obtained, contains one grain of the virtue of burnt sponge.

"Thousands of years passed before domestic medicine finally found, among the innumerable medicinal substances tried in vain, a remedy that would always cure a disease so distressing as goitre. But this was at last found in burnt sponge, of which Arnauld de Villeneuve, in the thirteenth century, first speaks as having employed it in combating the ailment.

"Medicine profited then by a harvest it had not sown, and it appropriated this discovery to domestic practice. But as always, it deemed itself dishonored by the simpleness of the remedy. It mingled burnt sponge, as a remedial agent, with othed drugs, in endless variation. These mixtures often produced no effect whatever, because the additions only served to nullify the action of the true remedy; and when they proved helpful, the cure was attributed to the accessory ingredients, so that one finally ended in a complete bewilderment as regards the true remedial agent. Thus burnt sponge lost, gradually, the reputation it had gained, and even sometimes disappeared completely at times in the 'powders against goitre,' so that many modern treatises on materia medica have passed it by in silence, as a thing altogether useless. Dominant medicine thus relegated to forgetfulness the truth that the people had established, by inumerable and painful trials. This is an example of the service it has rendered to the human race, even to the present time.

"Neverthless, while admitting even that it recognized the importance of burnt sponge as a curative agent in goitre in inhabitants of valleys, how much did it succeed in discovering the true qualities of this substance in diseased conditions, which are not always identical, since it ignored or disdained the only sure method of discovering the true qualities of remedies, which consists in trying them upon subjects in good health.

"The following symptoms, which burnt sponge exhibits when applied to persons in health (and I would like to see this list more complete), will show in what other directions homeopathic medicine can apply this energetic remedy.

In domestic practice, where burnt sponge was given for the cure of goitre, it was administered mixed with pepper,

soot, etc., and given in doses of from half a dram to a whole dram, daily.

Fresh-water sponges are abundant in this country, as well as in Europe. They seem to have been first employed as medicine by the Russian people, to whom they were known as Badiaga. Their use in the professional practice of medicine is now confined to Homeopathic practice, where they seem to occupy a position of some importance. Allen, in the "Encyclopedia of Materia Medica," 1875, devotes five pages to a discussion of Badiaga, or fresh-water sponge.

The "Pharmacopeia of the American Institute of Homeopathy," 1897, gives the following description of the pharmaceutical preparation:

Badiaga. Fresh Water Sponge. Natural Order—Spongiae

Description—Similar to marine sponge, having branched ramifications from the thickness of a quill to that of a finger, resembling stag's horns, with rounded corners and ends. Contains numerous round white granules, one side of which is excavated. It grows detached from the soil; is of a greenish color externally, and has a disagreeable fishy smell. It can be easily dried and pulverized.

Habitat—It is found in stagnant waters and in ditches, abundantly in Russia, and less so in some parts of Germany.

History—The powder is used in Russia to apply to bruises. It was introduced into Homeopathic practice in 1835 by Dr. Fielitz (Allg. Hom. Zeit., vii, 71), and mentioned by Dr. Hering (Guid. Sympt, ii, 298).

Part Used—The dried sponge, pulverized.

—Eclectic Medical Journal.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1922. E. G. Sharp, M. D., Guthrie, Okla., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1922. H. T. Cox, M.D., Los Angeles, Cal., President; Dr. L. E. Rauch, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1921. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. M. B. Ketchum has changed his address in the Auditorium Building to Room 421, instead of 511.

Dr. B. E. Fullmer has changed his address from the Ferguson Building, to 1112 Gower Street, Los Angeles.

Dr. H. W. Foss has changed his address to 145 S. Spring Street, Los Angeles.

Dr. H. T. Cox has returned from an extended visit to the eastern clinics and is now located at 5681 Baltimore Street, Los Angeles.

Dr. Sibley has moved from New York to Los Angeles and may be addressed at 1111 Florence Ave.

READING NOTICES

Cod Liver Oil For Run Down Women

Many careful clinicians have found that cod liver oil is a most excellent blood-maker in cases of lowered vitality so frequently found among women. Of course, the use of plain oil is objectionable by reason of its unpalatable taste, but when Cord. Ext. Ol. Morrhuae Comp. (Hagee) is used, this objection no longer holds. Hagee's Cordial in these cases of reduced vitality is easily assimilated and exerts a most beneficial influence on the blood-stream, increasing materially the essential elements to the blood. The appetite increases, bodily strength is augmented and the patient becomes better fitted to perform her daily tasks.

The advantage of Cord. Ext. Ol. Morrhuae Comp. (Hagee) for the purpose lies in its exceptional palatability. In addition to being palatable, it is thoroughly effective therapeutically, being everything that the plain oil is except disagreeable. It may be continued for long periods without causing distress.

The California Eclectic Medical Journal

Vol. XLII NOVEMBER, 1921 No. 11

:: Original Contributions ::

INDUCTION OF LABOR

Read before the Eclectic Medical Society of California.

W. E. Daniels, M. D., Long Beach, Calif.

I am afraid that this paper will be a disappointment to you, for perhaps you are expecting SOMETHING NEW along this line of our work. But as this subject has recently been before the profession in Southern California, and it seems to be somewhat on the gain, I thought your attention called to the NEW method might be of interest and perhaps in the discussion we may arrive at some center grounds and be of real help to our patients and not an injury.

It is claimed by the advocates of this procedure, that is the induction of labor, when the FULL TIME has arrived, that it leaves the mother better and saves the lives of many children that would be otherwise sacrificed by going the full time or until labor came on voluntarily.

It is claimed also that when a woman goes beyond the allotted time, that the child grows to an abnormal size and the bones harden to such an extent, that in the delivery, the child is not only injured, but the soft parts of the mother are injured, so that repair is necessary, and the mother is left in a weakened condition not only by carrying the child beyond the necessary time, but it has actually weakened the child and that hospital records show that when a child is carried beyond the Full Time, that is 273 or 280 days.

Of course we who are doing nothing but city or country work and have but few cases in the hospital, are not in a position to say whether it is or is not an injury to the mother or to the child.

In my observation as a country practitioner and some work in city and city hospitals, I cannot say that I ever observed any more injury to the mother or child when the time was extended beyond the normal.

Nor have I ever observed that the labor was abnormal in any way, either in time or delivery. In fact I have always thought that in my cases, that a week or even two or three weeks made no difference in the delivery to mother or child, and in most cases I thought that labor was easier when the mother had gone over her normal time, as to the weakening of the child some of the strongest children I ever delivered were children delivered one to four weeks after the expected time had passed.

The method employed to induce premature labor is as follows:

The mother is prepared the same as in full term and then either with or without an anesthetic (in hospital work gas is used if there is a general anesthetic) ;the os dilated. Then a rubber bag is inserted into the womb and from two to three ounces of warm sterile water injected or the bag filled. The tube is then tied and the patient left to Nature to "start things going" which it usually does within 24 hours. If there is much pain a full dose of morphine is given.

If within 24 hours labor has not fully developed then there is a weight of one to three pounds tied to the rubber tube and patient left to develop labor. In some cases where labor refuses to begin the waters are ruptured and the patient is then cared for in the usual way.

If labor is not completed within six to eight hours, apply forceps and deliver in the usual way.

I need not give a very full exposition of my belief in this method of procedure.

As a boy I was brought up on a farm and my father raised blooded stock and a very close record kept of each animal as to time of breeding and the time when the animal was delivered and in many cases there were from two or three days to even a month or more over time in the delivery.

In fact animals breed the same day might vary as much as five weeks, and yet, in each case the offspring seemed to be equally strong and vigorous and the mother seemed perfectly normal in every way and the condition of each seemed perfect.

No one ever thought of inducing labor because the animal had gone beyond the expected time and in these cases we knew absolutely when conception took place, and in the human how are we to know the exact date of conception and who knows whether the mother is running over or under time?

Is there any way we can tell the exact date when a mother ought to be delivered, unless there be some abnormality of

the patient? If there is not then how are we to know when it is proper to induce labor?

To me it seems a very uncertain procedure even if we knew the exact date of conception, and until I have been shown and we shall have developed a class of physicians who shall be experts along that line and can tell me when the time is fully ripe for such a procedure, I shall trust good old nature to begin action and then I'll try and assist her all I can.

MYASTHENIA GRAVIS

Dr. A. W. Hyde, Brookings, S. D.

"To Thine ownself be true and it follows, as the night, the day, Thou canst not then be false to any man."

Josh Billings once had a lecture entitled "MILK." In his introduction he said, "the richest thing in milk is cream," and that ended his dissertation on milk. This title may have been as apropos as is my subject to the body of this paper. I wonder if, in the study of medicine, we are not rummaging the world over on land and sea and under the sea, invading the dark and doubtful tomb as well as the living low type organism in quest for materials varying from the most crude to the extreme spiritual to aid in the reconstruction of physical man made necessary by disease and injury and by imperfection at origin, forgetting that the animal body, itself, has in it, implanted there by the Great Creator, to function, to construct, and if to construct, also to reconstruct the body, or any part of the body, so long as any life remains in the elementary cells this side of universal cell death.

We must not be Medical Nihilists declaring that the mineral and vegetable kingdoms so long studied and appropriated in treatment of the ills of animal life, have utterly failed. Oh, no! Great good has been rendered and further study and application must be made, but acknowledging good from such sources, we must be open minded and ready to study other lines if reason shall exist and cases shall be cited illustrating success where other means have failed.

We must recognize in the study of Medicine, that "post hoc propter hoc" is not always a sure and logical course of reasoning. The very powers I am hinting at are so sure that recovery from disease obtains no matter what the line of medical treatment given.

Specific diagnosis and specific medication, the slogan of the Eclectic; Similia, Similibus, Curanter, or Curenter, proclaims the Homeopath; Contraria, Contrariis, or Physiologic opposites is deemed regular by the Great Majority. The various

mechanic methods, the Currents and rays, electrical, from Faradic to Radium; the laying on of hands to distant treatments by telepathic ether; even to the extremes of fancy, have their heralds and followers. So varied and numerous are methods and fads employed in the cure of the afflicted, one hesitates to suggest any new line or departure from the old and established system.

With this mild preface may I ask if you have turned the search light for study toward yourself—your own body; its mechanism its functions, its operations, its powers, its ways of doing things constructively.

When you have administered that cc. of pituitrin with the most wonderful results, in otherwise slow labor, saving to your patient the use of instruments, long time suffering, hard labor and valuable time to you, together with such valuable results, as early involution, better bowel and bladder functioning, better heart action and more general powers of life, have you let your open mind dwell upon the possibilities wrapped up, not only in the pituitary posterior lobe—the anterior lobe or both combined; the minute pineal gland and the Thymus, both effective in the early years of childhood? Then the Adrenal glands, the little motors of the body that lift the tired heart out of the mire. Do you not think Adrenal products would have buoyed up the flaggering heart in those Influenza cases you lost two or three years ago? Would not this have been better than depressant aspirin or coal tar products? Wouldn't this have controlled the excessive nose bleed you feared? Strange and wonderful little fellows are these! Hinder them, you tire; destroy, or partially destroy them, ennui comes, and you die of Addison's disease. Tubercular Supra Renals account for deaths when you can't demonstrate it in the lungs. Then what shall we say of the sexual glands? Those abused, perverted, overworked, overloaded, long suffering, quick to recover their wonderful strengthening power and quick response to call of nervous and mental and general reconstruction influences. Don't slight the Gonads when advising your Neurasthenics, your manias, your so called Nervous breakdowns or prostrations. Feed them and spare them. And now in this limited catalogue of endocrines comes the THYROID, the Governor General, The great sympathetic Overseer of Construction and reconstruction, without which, we get the soft, flabby, myxedema, fast, weak heart; muscle fiber degeneration, choreac, epileptoid trend and mental aberations. Or with too much Thyroid activity, the flood of Thyrotoxin that send heart and eyes, and mentality aviating to unknown heights, and wastes the life with strenuosity.

Every fiber works and overworks till the halt is called by a Conference of all the Endocrines crying, "Peace, be Still" till the perversions are overcome by rest—sedation—nontoxic gland food, possible decrease in blood supply, possibly removal of part of the Thyroid itself.

Fortunately, we have learned that all must not be sacrificed, as, like the Parathyroid, small as they are, the sine qua non—we must preserve. Further, to cap all, especially in those cases known as Rounders or Chronics, make a ten strike, by taking from any vein, one cc. of blood, which with its 5½ million carriers, the Reds: eight thousand mounted police, and all products of the powers that be, the pan, or combined product of all the glands—make a serum by following carefully laid out and proven technique, which, with strictly aseptic surgical skill and careful administration intravenously, once a week or ten days, witness the most wonderful recoveries, not dreamed of, but only hoped for.

No doubt, you are all familiar with Endocrine Pathology and therapy. Some of you have listened to Chas. Mayo or E. J. Judd or Dr. Plummer of the Mayo Clinic in their exposition of Thyroid activities. You are familiar with Pituitary results. Now let me relate a case that points more deeply into our auto-motive possibilities.

In September, 1919, I was called to see David F., a boy aged six years. Till five he was in perfect health, till December, 1918, when he fell in an epileptoid fit. In a few days this was repeated. The family physician was called and the trouble pronounced chorea. These seances grew more frequent and the boy weaker. Some months later the boy was taken to Minneapolis, where tumor pressure or pressure from fluid was diagnosed, producing frequent epileptic seizures—some momentary, others more severe—some paresis of neck muscles—the masseters and temporals, muscles of deglutition, a slight right arm apesis, some optic neuritis, loss of speech, special effort—partial speech—bowels much constipated.

Trephining the right supra parietal, covering such areas, was performed. No tumor was demonstrated and but little fluid escaped. Fits ceased for few days, probably due to anesthesia or nerve shock due to operation, as they soon recurred and grew in frequency. The case was brought home and I was called. Treatment advised by Minneapolis physicians was calcium bromide 15 grains four times a day, and laxatives and enemas as necessary, but bromides accomplished but little.

I soon called counsel with neurosine advised, but with no

results. I insisted on his return to Minneapolis, as I felt I did not have full control. Six physicians examined him and wrote me he would probably die in one or two months, but advised continuance of bromides. Fits more frequent, swallowing more difficult, lower jaw ptosis, tongue flat or protruding—much drooling, head forward and down, pupils dilated constantly, loss of speech—imbecilic features and sufficient to impress parents that likely his life might prove a burden on all from mental conditions, obstinate constipation and great restlessness, requiring constant care night and day. This was the picture. I added to the bromides a daily hypodermic dose of antuitrin, which I thought made some impression mentally. I opposed the bromide treatment, but the parents wanted to continue this, so it was given. My reasons will be given later.

I now took the boy to the Mayo Clinic, where he spent three days running the gamut of several specialists, only to be sent home with the following card of elucidation and a prognosis very dark.

Let me give you the report as rendered by the Mayo Clinic: "His systolic blood pressure was 100, and his diastolic 64. The pulse was 82. Eye examination showed no abnormalities either in the reflexes or in the fundus findings. Urinalysis was negative and the blood count showed a hemoglobin of 71%, red blood corpuscles 4,720,000, and leukocytes 10,600. The Wassermann tests had recently been made at Minneapolis and were not repeated here. Reported negative. X-ray examination revealed a large trephine operation on the right side, otherwise the findings were negative.

"There was complete paralysis or extreme weakness of the muscles of the jaw, especially the temporal and masseter muscles; there was some weakness of the soft palate and the muscles of deglutition, but sensation, co-ordination, gait and station were normal. The reflexes were negative except that they were a trifle increased in the arms. There were no abnormalitis of the nerve trunks, bladder or rectum. Because of the weakness of the masseter and temporal muscles, the mouth was held open and fluid came from the nose and mouth, and there was no movement of the palate when crying. They say that he bites his food, but he could not develop a bite voluntarily. In the convulsions the child opens his mouth wide; he does not talk but gets a fair phonation in crying, after his convulsions. These seizures are mild in type and of about thirty seconds' duration.

"We cannot make a definite diagnosis, although we are inclined to believe that the lesion is of a polioencephalitis in-

ferior type, or it may be that there is a tumor in the region of the fourth ventricle. Clinically the case presents a picture of bulbar paralysis and the child is likely to suffer the usual fate of such cases, unless some reparative process takes place."

Continuance of bromides was advised. For the reasons following I had been opposed to bromides, and amount had been decreased and later only an occasional dose combined with cannabis indica and solanum.

In searching for reasons as to bromides, I found the following statement in a recent treatise on neuroses by Jelliffe and White. They say: Bromide acts as a motor depressent. It raises the threshold of motor discharge and does, therefore, inhibit the convulsive expression. That it does this is sufficient explanation for its extensive use. Many popular medicines have much less to recommend them. When we realize, however, that the convulsion is not the disease; that it is not the cause, nor a first expression even of the disease, but only its outward expression and the end result at that, it may well be questioned whether bromide medication is rational. Experience seems to show that the fit, postponed by bromide, comes to pass ultimately anyway, and that the bromide may in fact, operate unfavorably by tending to produce a summation of attacks and thus increase the danger of status. Added to this is the potentiality for disturbing the digestion which the bromides possess so prominently. So it may be said, **they had best not be given at all** unless under most carefully regulated conditions. The true function of the bromides is to control the convulsive manifestation when they, as such, become a source of danger, as in serial attacks and threatened status. Such was my regulation after reading this opinion, and I copied this statement that the boy's parents might read it.

Reurning home from the Mayo Clinic I read an article by a New York City physician, Dr. Graff, portraying the results of auto-hemic—or one's own blood treatment—which appealed to me, so I wrote him. He kindly referred me to Dr. L. D. Rogers, Chicago. I secured three or four numbers of the N. A. Journal of Homeopathy, containing several reports of cases, especially neuroses. I submitted these to the parents of the boy and offered to go to Chicago to investigate this procedure, and at the same time to consult with a very eminent specialist. This I did with little satisfaction, as one specialist doesn't relish the pabulum of any other. Each wants first hand patient. Perhaps the fee is larger, and of course, a patient in hand is better than one in the bush. However, the gentlemen suggested it might be myasthenia gravis, yet he

suggested he might be able to show considerable evidence against such diagnosis. I spnt ten days with Dr. Rogers, examining patients that came to his clinis, seeing quite a number the second time, getting history of their troubles and results of auto-hemic treatment. I twice met a young woman who, after treatment in sixteen hospitals for tubercular vertebra necrosis and consequent drainage, via psoas, to groins and life nearly ended, was miraculously cured by auto-hemic.

I visited Sunny Brook Sanitarium with Dr. Skiles, where I reviewed many neurotic cases, even to insanity, whom the doctor was treating with auto-hemic almost exclusively. He, himself, had been a patient as well as his son, resulting in their full recovery and his endorsement and adoption of the treatment in practice.

I also delved into medical lore and satisfied myself that the boy's case was a myasthenia gravis, probably due to imperfect congenital construction, due to no fault of the parents individually; a condition that does not materialize in the end results—pareses of parts noted until the fifth to twelfth year of age; usually five to eight years; and as Dr. Evans, a noted writer says, it would very much surprise a specialist to find a case that had been cured.

I discussed the case with Dr. Rogers, who, being an optimist in use of his fad, or as he calls it, system, thought I would cure my case with auto-hemic. Anyway, this I decided to attempt, having concluded the real fault to be endocrine, and certainly pluri-glandular, involving the pituitary supra renal and thyroid, giving us low blood pressure, low hemoglobin; low blood count; red; high count, white; weak, fast pulse; pupil mydriasis; much pareses, general vaso-motor; ennui due to hypo-adrenia, with rectal tenesmus. I mapped out my campaign.

I departed for home, where I found the boy having thirty to forty epileptic seizures a day—some very light, some severe—an acute cold, filling his lungs and causing 103 temperature, positive pneumonic conditions—taking cough syrup without relief.

I at once introduced the auto-hemic by getting 1 cc. of his blood, which in the absence of an incubator I incubated in a warming oven, warmed and lighted by an electric light, prepared the serum the following day and administered it intravenously. Within two days his lungs cleared. I now dilated the rectal sphincter under chloroform anaesthesia, and without further anesthesia I did a dilation twice later. A violet ray, a 50 c.p. lamp, was hung about eight inches above the solar plexus and kept burning night and day as a

sedation to the sympathetic. Small doses of hyoscyamus and solanum every four hours, pluri-glandular capsules four times a day—his auto-hemic once a week. His bowels became normal after the third auto-hemic—his fits grew fewer, but some, especially night attacks, were more violent—so severe that I was called. The father, sleeping with him, thought he would die in the attacks; but I assured him he was improving in every way; better muscle control, improved blood and vessel tone, improving speech, iris contracting, seances only one abtut 2 a. m. then at 4 a. m. Then only very restless spells. Walking without the nurse's support, entertaining himself. His first real effort to entertain me he recited distinctly the ditty: "An apple a day keeps the doctor away." I gave him in all nine auto-hemics. At no time following the day after his treatment, when there was apparent aggravation as a reaction, was I unable to see improvement. All doing well, and on account of the nervous objection to the intravenous operation as he improved, his treatment was pluri-glandular with less sedative. He rapidly improved and employed himself at play. He became industrious and observing—always busy. The following school year he resumed school life. During the next twelve months he encountered measles, whooping cough and smallpox, all of which were brief and easy, with no epileptoid tendencies, and is a manly, active boy, the pride of the family, and to the great satisfaction of his physician—as it seemed to be one of those cases that the doctor can point to, as one having been truly benefited by the treatment, as the surgeon points to some of his cases.

I think I must not claim all benefits due to auto-hemic, but only the pan glandular powers enlisted from the whole blood, attenuated with pure distilled water, haemolyzed by osmotic processes—thermolyzed by fever heat 100 to 104 degrees for 24 hours—germicised by electric light as the sun operates—and sensitized and probably potentized or dynamized by agitation for 20 to 30 minutes a la Hahneman rules and regulations—added to the feeding of the constructive and reconstructive glands of the body so ably advocated by Dr. Harrower of Glendale, California. All pulled together to cure myasthenia gravis: one of the bug bears of the profession.

Now, gentlemen of the greatest and best professions of this world, but the profession none too well followed, equipped or performed, I must call your attention to the title of this paper and appeal to you that we shall know ourselves and our patients better; that, being true to ourselves we may not be false to any man.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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THE ALTERNATE DRUG

The demand for a change seems to be an inherent trait in human beings. A steady mental or physical diet soon becomes irksome, or eventually impossible. The call from labor to refreshments is insistent and must be answered. There is also a demand for a change in the kind of labor as well as a change in the kind of refreshments. Thus our dietary is subject to daily change. A meal may be satisfactory in every respect but to repeat this same menu for a score of consecutive meals, it becomes repugnant to the senses and digestive processes alike. In a like manner do these conditions apply to drugs, and a change becomes imperative. In acute diseases we prescribe in accordance with the symptoms, which, changing from day to day, indicate different drugs. It follows that no one drug is apt to be given for a sufficient time to lose its effect or cause the body to become rebellious. Not so in chronic diseases. Because a drug produces satisfactory results for one week we are apt to continue it indefinitely. We lose sight of the fact that after a time the body will become habituated to a drug and no reaction takes place. The continued use of a drug under such conditions is at least useless. Frequently it is harmful. A helpful prescription is usually refilled repeatedly by the patient, and eventually to his detriment. An efficient way to prevent this is to do your own dispensing.

"TO COUNSEL OR NOT TO COUNSEL"

Byron H. Nellans, M.D., Cincinnati, O.

Preface—The subject of consultation, to me, is one of much importance, and my purpose in presenting the paper is primarily to bring about a discussion of this topic. I have been unable to find anything in medical literature to enlighten me about it. Some time ago, in going over my notes that were taken at one of the hospitals in Cincinnati when a student, I came across the following words: "Mistake young M.D.'s make is to call in consultation at first crack out of the box. Take your time, keep head cool, and all will be O. K." I grant that in the greater percentage of our cases, if we will just sit down, take our time to carefully examine our patient, reason clearly and logically along straight lines, keeping a cool head, all will be all right. **Consultation is the exception rather than the rule.** Yet there are some cases in which, even though we have done all in our power to establish a diagnosis and institute treatment to the best of our knowledge, it becomes necessary for counsel. Hence this paper, "To Counsel or Not to Counsel."

Definition — Counsel (noun); deliberation; consultation; advice; direction; design. A counsellor: One who pleads causes (transitive verb). To give counsel or advice to; to advise, warn or instruct; to recommend. Counsellor (noun): Any person who gives counsel or advice; an adviser. Such is the definition of counsel according to standard medical dictionary.

Why counsel?—What are the conditions that may make a consultation necessary?

1. The physician himself may ask for counsel for the following reasons:

(a) Where he has been unable to make a positive diagnosis.

(b) Where he has made a diagnosis and he wants it confirmed or corroborated.

(c) For advice as to treatment where a diagnosis has been properly made.

(d) Where there has been a long unimproved condition of the patient.

(e) In all borderline cases (and by that I mean cases that may have a surgical aspect and require surgical interference) a competent surgical consultant should be called in and due respect paid to his opinion. In these cases (borderline cases) I rely solely on the surgical diagnosis and opinion until proven otherwise by subsequent events.

(f) To help assume responsibility in a given case. For,

in the event of the physician losing his case after a hard fight, he feels better and has the well satisfied feeling of knowing that he did all in his power to win out, even to the extent of having counsel. Whereas, if the physician has fought the fight alone, without counsel, the family in many instances afterward thinks that the result might have been different, or at least have felt better had a consultant been called in.

2. (Continuing the conditions that may make a consultation necessary.) The family, or patient, may suggest to the physician in charge calling in of counsel.

(a) They may not be convinced that the physician is right in his diagnosis.

(b) There may be some question as to the treatment instituted.

(c) The slowness of convalescence may cause them worry or anxiety and counsel be asked for.

3. The interference of gossiping, coffee-klotching neighbors and pseudo friends, et cetera, who bear ill-feeling against the physician in charge and do not hesitate at the least chance to knock him and try to get the family to dismiss him; so that, indirectly, the family asks counsel, at the same time desiring to retain the physician in charge.

Having discussed for a brief time the reasons why a consultation may be necessary, let us for a moment look at the negative side.

Why should not counsel be called?—

1. The physician may be ashamed to admit his inability to make a diagnosis.

2. Having established a diagnosis, afraid to stand by his guns and counsel.

3. Some say it is an admission of ignorance if the physician in charge asks for counsel.

4. Some families, if counsel is asked for, take alarm and may dismiss the physician, believing that he is incompetent from the very fact that counsel has been asked for.

5. Some families, when consultation is asked for or suggested, say it is unnecessary to have counsel and the private physician too.

6. The physician may be afraid of the family going over to the consultant.

Here permit me to say that no physician can put his reputation ahead of the life of the patient. He is confided in by the patient, and paid by the patient to treat him and bring him back to normal health. At all times we must remember that the patient's welfare comes first. If we honestly feel that we don't know the seat of the trouble, in doubt as to our treatment, or the prognosis in the case, be fair to the

patient and to yourself; admit as a gentleman you are not perfect, as we would like ourselves to seem, and ask for counsel. Then if the family should say no, your own conscience is clear, you feel and know that you have been honest and fair and square with your patient, even if he has not been so with you.

Who should the consultant be?—Now, it being deemed advisable for counsel to be called, the next question to naturally follow is, "Who shall the consultant be?" I always ask the family if they have any physician in mind whom they would like to have in counsel. If the family suggests a specialist (counsel) who is a bona fide specialist—by that I mean one who has proper experience and is recognized by the profession itself as a capable and competent man in his particular specialty—I don't hesitate to call him in counsel. However, if the physician suggested by the family is one whom I know is not a competent man for the particular case in question, I tell them so, giving my reasons for so doing as best I can; and in the majority of cases I get them to see my way of thinking. If the family insists upon having one in counsel whom I know and feel to my own satisfaction will not be of benefit to the case, I beg to be relieved of all the responsibility of the case, let my diagnosis and treatment rest on its merits to date and the other physician be called in to assume full charge. In other words, there are some physicians I know whom I would rather turn a case over to than meet them in consultation. If the family has no choice for counsel, I call in in counsel a physician whom I believe to be the best fitted to help the particular case in question.

Duties of the consultant, or the ethics of consultation.—The first consideration in all consultation is the patient. In all questions of professional ethics the welfare and health of the patient must come first. Attend to the patient first, fight out school differences after leaving the sick chamber. The physician in charge should give the consultant a true and complete history of the case and its course since his care. After the consultant has made his own observations and examination of the patient, he and the physician in charge confer in private, and the result of the conference is communicated to the family. If the physician in charge of the case is wrong in his diagnosis, the consultant should tell him so, and the patient is entitled to a fair deal. The patient or, what is oftentimes better, the head of the family, should be told the true state of affairs, or given a true diagnosis, if you please, even though it may be contrary to the first diagnosis given by the physician in charge.

Counsel vs. Group Medicine.—Group medicine, as I see

it, is nothing more than the physician in charge having in consultation (indirectly) a number of specialists who are associated together see the patient. Each specialist returns his report to the physician in charge, who is then able to go through all the data of the history and physical examination and make a diagnosis. For it is only when we can successfully diagnose that we can make an intelligent application of sufficient number of remedies for the cure of our patients.

Results of consultation.—The results in my experience may be summed up under two headings:

1. The results as far as the patient is concerned.

(a) A diagnosis is made. This is especially true in borderline cases.

(b) A definite and thorough order of procedure and treatment is outlined.

(c) The patient and family are more satisfied that all is being done for the case that can be.

(d) In the event of a fatal issue you have given the patient the benefit of counsel, and can not be censured later for not doing so.

2. The results as far as the physician himself is concerned:

(a) A consultation is like a post-graduate training.

(b) It teaches us to take more careful case histories.

(c) It makes us more careful observers.

(d) Consultation is, after all, only the matching of wits, if you please, between the physician in charge and the consultant.

(e) Teaches us to make a more thorough and complete physical examination.

(f) Makes us pay more particular attention to the order of the appearance of the symptoms.

(g) Teaches us to be more conservative in our prognosis.

(h) To make a more intensive study of our materia medica.

(i) That none of us are infallible and every one of us is liable to make a mistake in diagnosis.

FLAT FOOT

Lillian J. Bullock, M.D., Manchester, N. H.

Most shoe dealers of the present day are stocked with arch supports of various patterns, which they place inside the shoes of a goodly proportion of their patrons who are suffered from weakened or fallen arches. Most of these ready-made supports—which are naturally ill-fitting—give no relief and are soon discarded. To some feet they are positively injurious

and can not be tolerated, while a certain proportion of people secure a greater or less degree of comfort from the supports and continue to wear them.

The fitting of such supports belongs legitimately to the medical profession, and it behooves us to give the subject much more careful attention than is given it by the vast majority of physicians today. A plaster cast should be taken of each and every suffering toe, and upon that cast a plate made which will exactly fit each case. Then, and not until then, does the patient experience the relief to which he or she is entitled. But it is not the **relief** of this condition so much as the **cause** of the growing evil, to which we desire to call your attention today.

If the subject of preventive medicine is as important as we all believe it to be, then assuredly, the subject of the prevention of the need of crutches of all kinds should have its share of our attention.

The cause of flat foot is easily discovered if we consider for a moment the structure of the skeleton of the human foot, and then glance at the shape of the fashionable shoe into which the foot is crowded. Dr. A. F. Wreat of Manchester, N. H., has made an exhaustive study of this subject, and has taken a large number of X-ray photographs of the human foot. He makes the rather startling statement that not a single person above twenty years of age has a normal foot, and anyone who doubts his assertion is invited to view his collection of photographs and be convinced.

Now, let me briefly call your attention to the structure of the normal foot, which is really a three-point suspension or bearing, with two arches. Beginning from behind, the first point is the heel, which forms a broad angle of a triangle. The outside point is the distal ends of the fourth and fifth tarsal bones with the corresponding metatarsals. The inside point is the distal end of the first tarsal, together with the great toe. Between each of these points there is an arch. Now displace any one of these points of suspension or of bearing and at once the corresponding arch is weakened. These points are held in place by supporting structures, and displacement of any point stretches and weakens the supports, which nobly resist as long as possible, and then permits, after the limit of toleration is reached, a displacement of the bearing point and a consequent sagging of the arch.

Now what effect has the modern shoe on this three-point structure? First, the third point mentioned, that of the great toe, has rather a longer leverage than the others, and as a result, less force is needed for its displacement. Hence, any crowding to one side of this point is attended by more severe

results. In the modern shoe, where the inside edge is inclined inward to a more or less sharp point, dependent on the style of the shoe, the great toe is crowded towards the center line of the foot, which, of course, weakens this point of support. But a straight inside edge is not all that is needed to secure a proper shoe. If the shoe is too narrow the outside point of support will be crowded towards the center with a consequent weakening of that point. Furthermore, a too short toe, even if broad enough, throws either or both of these points out of place, for the toes have to curl up, and, in order to curl up, they tend to point towards the center line.

Coming to the third point of suspension or bearing, the heel, we find less trouble here, though there is enough to warrant a careful study of the effects of the modern shoe on it. Displacements of the heel are generally in regard to height, but its situation, shape, width and length, together with its height, are all of importance. Normally it should be flat, low, broad, and extend from well under the long arch of the foot to the posterior end of the os calcis. The farther forward the shoe heel is, the more strain on the tendo Achillis and on the two anterior points. The narrower the sohe heel, the more strain on the lateral ligaments of the ankle joint and on the two anterior points. The narrower the shoe heel, more strain on the anterior arch, both from above and below. Any deviation of the third point of suspension or bearing affects the knee, the pelvis and the spine, with consequent trouble in these bones. The same effect is occasionally noted with deviation of the two anterior points, though to a less marked degree.

Now, what has all this to do with the Section of Pediatrics? Just this: In order to prevent the deformity of the foot, with all its consequent sufferings, we must begin in babyhood and see to it that they have properly fitted and properly shaped shoes, and then follow this supervision all the way through life. The responsibility rests upon the general practitioner, and we are not excusable if we neglect to properly instruct our patients in this matter. To begin with, no child should be put into shoe until walking is well established. When the baby begins its attempts at walking, a piece of flat leather, just as large as the foot, sewed to the bottom of the stocking or sock, will protect the bottom of the tender feet. After walking is well established, almost any of the baby shoes may be worn, always taking care that they are big enough, and that they allow proper expansion of the toes. Going barefoot is all right, and this custom does not, notwithstanding various opinions to the contrary, cause large feet—that is, feet out of proportion to the body. After baby-

hood there is little difficulty about shoes. The shops are well supplied with properly-shaped shoes, and most parents purchase them, until about the high school age, when vanity asserts itself, and the young people demand and receive the fashionable shoe, with its vicious pointed toe and iniquitous high heel.

The foundations of the arches are displaced, and by and by, when Dame Nature can resist no longer, the arches sag, and flat foot results. We physicians ought to create a demand for the sensible orthopedic shoe, and hammer away on this subject until we make people see that the foot in a natural-shaped shoe is far more graceful than any deformity.

ECHINACEA

W. N. Holmes, M.D., Nashville, Tenn.

Since much has been said and written in favor of echinacea by physicians who use it and are acquainted with its value, and a little has been said against it by "authorities" who do not use it, and are not acquainted with its value, I feel it my duty to give my experience with this invaluable remedy.

If I were asked the question as to which drug of the materia medica I valued most highly, in a diversified practice as well as in surgery, my immediate reply would be echinacea. It meets the demands more readily and more generally in pathologic conditions than any other agent. According to the old methods of prescribing a remedy, it is "sedative, tonic, stimulant, alterative, calmative, anesthetic, soporific and antiseptic." Such adjectives, however, are not allowable under the expressive methods of the advocates of specific medication. I, therefore, discard such expressions, and speak of echinacea as antiseptic and depurant, transforming pathologic depravations into healthy physiologic activities.

The processes of animal life are based upon normal assimilation and elimination. The arrest of either, if prolonged, results in disease expression. Disturbed assimilation results in abnormal elimination and consequent physiological deprevation. If assimilation remains normal, elimination being arrested, there is greater depravation, hence antiseptics and depurants, such as echinacea, are useful in many different disease expressions where these conditions prevail. This remedy renders depraved or toxic molecules and products harmless until they can be excreted as waste substances. It also stimulates cellular activity and prevents abnormal tendencies.

Inasmuch as the great function of echinacea is as a corrector of systemic discords, and since I know of no other common name for the plant than that by which it is known

to the people of Texas, **scurvy root,** I would suggest that it might very properly be called **Samson root** or **Hercules root.**

If an affection be local, echinacea need be applied only locally, although it is generally fortified by internal administration. If the affection be systemic, echinacea must be given internally, in which direction there is nothing equal to it. For local inflammation, especially such inflammatory disturbances as erysipelas, carbuncles, severe contusions, etc., echinacea should be administered internally as well as applied externally, regardless of any other treatment.

It would require a large volume to detail my experience with echinacea in the treatment of cases that have come under my personal charge. I will, however, give a few from my very recent practice, with the statement that the results are not exceptions to those that during my active professional experience have continually occurred during the past ten years or more, for I have been a constant user of echinacea since its introduction to the medical profession.

Case I.—Mr. B., engaged in one of our large wholesale houses, stumbled over a truck in a dark corridor, peeling the skin from the anterior tibial surface and instep. That night and the following day he suffered severe pain, accompanied with redness and swelling. The following night I was called, and on examination found vesicles thickly covering the surface bordering the wound, some of which already contained pus. Red streaks were running up the thigh. Temperature 103.5 degrees, headache, backache and general discomfort. There was no question in my mind as to the certainty of a case of erysipelas. The patient called it blood poison. I said, "Yes, it is blood poison." I had with me four ounces Lloyd's specific medicine echinacea, gauze and absorbent lint. I saturated a strip of lint, full thickness of the 5x11-inch roll, with the echinacea, covering the entire surface of the wound and vesicles, and wrapped with gauze bandage. I prescribed echinacea ℥iij, water ℥iv, giving two teaspoonful doses every hour, until my return. I called again twenty-four hours after and found my patient sitting up, fever all gone, vesicles dried up, redness and swelling almost entirely disappeared. The patient was very solicitous to know what it was I put on the foot and leg. I told him that it was medicine. I made one more very light application and continued the internal medicine, teaspoonful every three hours. Twenty-four hours later I returned to find every symptom of erysipelas gone, and the patient ready to return to the store the next day.

Case II.—Six days ago, the superintendent of English in the Nashville public schools called me up at 9 o'clock at night. I found him with instep of right foot hot, red and

swollen, from an abrasion made by a tight shoestring. His temperature was 102.3 degrees F. Whenever air struck him he would go into heavy rigors. Red streaks were running up the leg nearly to the knee. I saw that I had a case of incipient erysipelas, and at once applied cotton saturated with Lloyd's specific medicine echinacea. I told him that the pain, which was intense, would subside in a few moments, and that he would have a good night's rest, which he did. I called next morning and found the fever abated, swelling and pain gone, with every indication of quick recovery. I reapplied the echinacea, but gave no internal treatment whatever. The following day he went about his work as if nothing had happened.

Case III.—Three days ago I was called to the bedside of Mrs. W., wife of the general manager of one of our large retail stores. Found her with severe uterine pains, almost continuous. On investigation I found that a curettage had been performed eight days previous, by an inexperienced physician, who said that her trouble was endometritis, though the husband contended that she had aborted. One of our leading allopathic surgeons had preceded me by twenty-four hours, giving diagnosis of infection, and absolute necessity for hysterectomy, and that immediately, else the patient would die. She told him that she had already had seven operations performed and would not consent to another. Through a friend I was called, and told her husband there was certainly infection, but I thought it came from the failure of the first doctor to remove the entire contents of the uterus. Having placed her under an anesthetic, I removed a three months' placenta and much septic matter and prescribed as follows: ℞ Lloyd's specific medicine echinacea, ʒiij; Lloyd's specific medicine digitalis, gtt. xx; aqua, q. s. ad ℥iv. M. Sig. Teaspoonful every two hours.

While her fever was 104 degrees, with pulse accelerated out of proportion to temperature, I found her this morning with normal temperature and pulse, and she asked if I would permit her to sit up, saying that she was tired of the bed.

The above character of cases I could continue for hours and days, and then not be through telling my full experience with echinacea as a never-failing remedy when used as an antiseptic. As an antidote to the poison of insects and bites of dogs, cats, reptiles and blue-gummed negroes, I will only say that nothing has as yet been recommended as an antidote that will in any way compare with echinacea as a local and internal treatment. I want nothing better, nor do I ever expect to find anything half as efficacious for treatment of poisonous bites and stings as Lloyd's specific medicine echinacea.

I remember treating, the same day, two boys who had

been bitten by copperheads, one of the most poisonous of reptiles. I used specific medicine echinacea in both cases with phenomenally good results.

Since coming to Nashville (eight years ago) I had a severe siege of carbuncles on the back of my head and neck—thirteen different carbuncles of large size—unlucky number. A few of the first I had crucially incised and burned with carbolic acid, then applied cotton saturated with specific medicine echinacea. With the last I used echinacea alone, without the knife and acid, and they appeared to heal as rapidly as those I had cut. I have never seen a carbuncle do any harm when specific medicine echinasea was used, nor have I ever seen a person so afflicted who could not rest well at night under its application, so great are its anesthetic properties.

Cancers—epithelioma—yield very rapidly to the local and internal administration of echinacea. Carcinomas can be arrested, the odor destroyed, and the patient made comfortable under its use, and I believe that many cures have been and will be effected by its use in this most loathsome of all diseases. Camphorated cotton-seed oil, turpentine, chloroform and echinacea, properly mixed, make the best liniment I have ever used in sprains, contusions, swellings, pain, etc.

In conclusion I will state that the doctors who decry echineacea, and fail to give it a place among the very best therapeutic agents, are either blinded by prejudice or besotted with ignorance.

Since the foregoing was written, I have been treating a very large carbuncle, situated above the spine of the scapula, using nothing but pure Lloyd's specific medicine echinacea. The patient is special agent for the Hartford Fire Insurance Company. He is today in Chattanooga at work, without pain or discomfort. Will be entirely well in another week.

I use echinacea as surgical dressing more than any other agent. I regard it as a much safer remedy than iodoform, and certainly more pleasant to handle, to say nothing of the odor of the latter. I now never think of bichloride as a disinfectant. In preparing a field for operation, I use echafolta after scrubbing the parts with soap and water. I am now using specific medicine echinacea, one part, to two parts of warm water, as a dressing for fistula in ano. The patient, a very nervous lady on which I operated three daye ago, is delighted with the dressing, says it ont only gives no pain while dressing the wound, but relieves all pain by its anesthetic effect.

Where echinacea most strongly appeals to me is in the treatment of carcinoma. It arrests the inroads on new tissue, it subdues all pain, gives absolute rest, and destroys all odor.

The California Eclectic Medical Journal

Vol. XLII DECEMBER, 1921 No. 12

:: Original Contributions ::

A CASE OF PLEURISY

L. E. Rauch, M.D., Long Beach, California

Read before the California State Eclectic Medical Society

Man, age 41. An ex-Spanish-American soldier. Painter by trade, small and very thin, coughs most of the time, worse at night, lungs full of all kinds of rales. Had had pneumonia three times and pleurisy three times before I saw him. This attack came on about 2 a. m. and he had applied all of the home remedies he knew without relief. He came to me. Pain seemed to be located about the level of the fourth rib on right side. I had him expel all the air he could then I strapped ribs down with several strips of adhesive tape and gave him—

℞ Sp. Med. Bryonia gtts. x
Sp. Med. Gelsemium gtts. xv
Sp. Med. Ascepias dr. 2
Aqua Dest. qs. ad. oz. iv.
Sig: Dr. 1 every three hours.

Told him to go home and stay in bed for three or four days, and keep quiet for one week. He was back to see me in about four days. I asked him if he kept quiet and he said, yes, he had stayed at home about five hours and then went back to work. He has not had another attack since, now six months ago. I repeated the above prescription once or twice more.

TOBACCO AND THE CIRCULATION

By Dr. M. A. Welbourn, Los Angeles, Calif.

Tobacco, since its introduction into Europe by Nico in 1492, has had an ever increasing hygienic and economic interest.

It has been stated that tobacco smoke contains no nicotine but merely the products of decomposition. As a matter of fact, all tobacco smoke contains some of the alkaloid along

with the pyridine bases, chiefly pyridine and collidine (Cushny).

Fresh tobacco contains 60 to 80 per cent of nicotine. Drying the leaves reduces the nictoine to 2-8 per cent. Virginia or burley tobacco, which is used in cigarettes, is high in nicotine, while the content of a Manila cigar is low.

Lee found the composition of tobacco smoke obtained by the slow combustion of 100 grams of ordinary smoking tobacco to be:nicotine 1.165G.; Pyridine bases 0.146G., chiefly as pyridine and collidine, hydrocyanic acid 0.08G., ammonia 0.36G. and carbon monoxide 410 C. C. He says the amount of nicotine inhaled during smoking depends not so much on the tobacco smoked, as the form in which it is smoked. The greater the condensation area between the point of combustion and the entrance into the mouth, the more nicotine will be inhaled.

The cigar smoker probably receives more nicotine because of the greater combustion area and more intense heat of the volitilized gases. A pipe stops a lot through condensation in the stem and bit; a chewer of tobacco gets very little nicotine, while the washed smoke from a Turkish pipe is practically free from the alkaloid.

Experimentally, Claud Bernard was one of the first to study the action of nicotine. He found that it acted similar to adrenalin, namely, by producing vaso-constriction. The heart rate at the same time being increased by direct action on the cardiac muscle or the ends of the acceelorator fibers in it. Further work has amplifieed these observations. If nicotine be injected intravenously or subcutaneously in the rabbit, the blood pressure is very markedly increased. This may be due in part to the stimulation of the vasoconstrictor center in the medulla, but is ascribed chiefly to peripheral influences, for it has been observed after section and even total removal of the spinal cord. After a few minutes, the pressure falls to the normal level or lower. Repeated injections lowers the blood pressure, owing to the weakening action on the heart muscle.

Esser has stated that chronic nicotine poisoning in animals induces marked disturbance of the heart, and that degeneration of the vagus fibers are recognized histologically. In the rabbit nicotine tends to induce lesions of the aorta with subsequent calcareous degeneration, which resemble the atheromatous placques seen in man. This is due to the very high blood pressure; similar effects are seen from adrenaline, high protein diet and continued pressure on the abdominal aorta.

The excretion of nicotine is mainly through the kidneys. It has also been detected in the saliva and the perspiration. It has been shown repeatedly that nicotine and some other alka-

loids are weakened in toxic effect or rendered entirely inactive by being mixed with an extract of the liver or of the suprarenal capsules; there is every reason to suppose that much of the nicotine absorbed from the stomach and the intestines is thus modified in its passage through the liver.

Patients not infrequently consult the physician because of symptoms resulting from the over-indulgence in tobacco. These symptoms practically always result from circulatory misfunction. They may complain of palpitation with very moderate exertion, precordial pains of a neuralgic character simulating angina pectoris and recurring in attacks, periodic disturbances of the heart, which they describe as "the heart stopping and turning over," breathlessness on slight exertion, throbbing of the temporal arteries, locallized muscle spasms usually in the calves of the legs, but may be anywhere (so called intermittent claudication of Erb). In addition to these circulatory symptoms there may be others relating to the gastrointestinal, nervous and muscular systems.

Examination of the heart usually shows nothing in the way of murmurs, unless there has been pre-existing pathology of the valves. Premature beats are common, causing an irregularity of the pulse, formerly spoken of as dropped beats; this has been attributed to changes in the inhibitory mechanism (Cushny), but is probably due to the local toxic effect on the ventricular muscle. Blood pressure may be normal or slightly elevated; this has aroused apprehensions in some individuals that it may tend to favor arterio-sclerosis. But the change is so slight that these fears are groundless. Should there be pre-existing lesions of the heart, such as valvular defects, and irregularities the result of lesions either in the auricle, connecting tissue or ventricle, tobacco undoubtedly aggravates them.

In the great majority of cases of chronic tobacco poisoning the symptoms disappear on abandoning the habit or even restricting the daily consumption. Post mortem there have never been any lesions demonstrated to be the result of overuse of tobacco. Lee, after prolonged investigation, came to the conclusions that arterial disease may result from chronic tobacco poisoning.

The enjoyment derived from tobacco has never been satisfactorily explained. Habitual smokers deny that indulgence increases intellectual work. Investigators are undecided whether smoking reduces mental energy. One thing is sure, that the tobacco habit cannot be compared with the use of such drugs as morphine, cocaine or alcohol, for it is not taken with the purpose of producing stimulation or depression of

the central nervous system, and it seems doubtful whether nicotine, ordinarily absorbed, has any permanent pathologic action whatsoever on the circulatory apparatus.

Bibliography

1. Pharmacology and Therapuetics, Cushny, 5th edition, 1910, pp. 280.
2. Lee, The Action of Tobacco Smoke, with special reference to arterial pressure and degeneration, Quar. Jour. of Exper. Physio. 1-1908, pp. 335.
3. Esser, Arch. f. Exp. Path. u. Pharm. xlix., ppj. 190.
4. Osler, The Principles and Practice of Medicine, 8th edit., 1913, pp. 846.
5. General References.
a. Handbook of Therapy, Jour. of A. M. A., 2nd edit., pp. 89.
b. Albutts System of Medicine.
c. Langley, Jour. Physio., vol. xi, pp. 262.
d. Langley, Langley and Sherrington, Langley and Anderson, Jour. of Physio., xii., xiii., xv. and xxvii., pp. 224. xxxvi., pp. 347, xxxvii, pp. 165, 285.

A CASE OF EMPYEMA FOLLOWING INFLUENZA

O. C. Welbourn, A.M., M.D., Los Angeles

In common with the rest of the world Southern California had its "siege of the flu." To be sure it was somewhat modified by the climatic conditions, but it was quite severe enough to fully satisfy those who had it. Many of the cases were complicated with pneumonia and in these the mortality was high. Sometimes there was a sufficient involvement of the pleura to cause an effusion into the pleural cavity, and this accumulation of serum had a strong tendency to become pus. A patient having eventually arrived at this stage it might rightly be said that his condition was critical. The following case was of interest to me because the quantity of pus found was the largest in my experience.

Pete S., age 16, normal weight 180 pounds. Father is a Basque and mother a Piute. History given by attending physician who had seen him only the day before, as influenza, double pneumonia, and right emypema, developing in the order named and covering a total of about three weeks. Present condition, moribund. Temperature 103, respiration 46, pulse 140, irregular and weak. Entire right side of chest bulging and dull on percussion. Lower margin of the liver found on the pelvic brim. Apex heart beat displaced two and one-half inches to the left. Without delay and under light ether narcosis the usual rib resection operation was performed and the pleura punctured. At the end of an hour over one gallon of creamy pus had been evacuated. How much re-

mained is unknown as it seemed wise to interrupt the evacuation until the displaced organs should have time to recuperate. The patient had a stormy convalescence but eventually fully recovered.

RED CROSS MEDICAL SUPPLIES AID RUSSIANS

Medical supplies contributed by the American Red Cross and distributed by the American Relief Administration are being shipped into Soviet Russia in increasingly large quantities. By the end of the year Red Cross supplies valued at more than $1,750,000 will have been placed at the disposal of the American Relief Administration for use in the disease-ravaged provinces.

These supplies include drugs, hospital supplies and equipment and hospital clothing from Red Cross stocks in Europe and in the United States. Medical effort will be concentrated in the provinces of Kazan, Simbirsk, Samara, Saratov and to a limited extent in Petrograd and Moscow.

Dr. Henry Beeuwkes, who is directing the distribution of the Red Cross medical supplies, says in a recent report to national headquarters:

"The cholera epidemics have been relieved and the disease is now sporadic.

"Typhus fever is appearing and severe and extensive epidemics are expected this winter.

"Malaria has been severe and is still prevalent in chronic forms.

"Typhoid fever and scorbutus are very prevalent as well as infectious exanthemata, and diseases of the skin and eyes.

"Constitutional diseases are severe and widespread.

"Drugs and hospital supplies are extremely scarce and satisfactory medical and surgical work is in consequence impossible. A leading surgeon in Simbirsk told me that they draw thread from clothing to secure suture material. Hospitals are congested and have long waiting lists.

"Our present plans contemplate the supplying of existing hospitals and clinics with drugs and hospital supplies essential to their operation, the organization of clinics at food distributing centers in areas without medical facilities, and the inauguration of measures to prevent and combat diseases in areas in which we operate.

"In order to combat typhus we have in view the establishment of large numbers of bath and disinfecting units to be installed and controlled by American personnel and operated by the Russians. Installations will be simple and the cost low in comparison with the benefits they will render in areas badly infested and without bathing facilities."

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL—CONCLUDED

The current issue completes the forty-second volume of the California Eclectic Medical Journal. Originally founded as the official organ of the California Eclectic Medical College it has endeavored to promote the interests of that institution through bad weather as well as good. Many have been the storms which they have weathered together. However, the clouds have not always obscured the sun and it is possible to be contented and reminiscent at one and the same time. Forty-two years is quite a long time, and conditions of life have changed a great deal. The medical history for that period shows that the Independent Medical Colleges have closed their doors one after another, with the result that they now number but a fraction of their former roll call. State medicine is now the vogue!

The California Eclectic Medical College suspended operations quite some time ago, but the writer continued the "Journal" with the expectation of better days to come—a resurrection—if you please. But, expectation changes to hope and as the years pass by hope grows cold. Giving due consideration to the conditions there seems to be no good reason why the "Journal" should not join its original sponsor in retirement.

In concluding this work we desire to express our sincere gratulation for the support given us by the reader.

WHY WE SO OFTEN FAIL TO DIAGNOSE TUBERCULOSIS

C. O. Probst, M.D., Columbus, O.

Permit me in the beginning to thank you for inviting me here tonight. I am also glad that you cared to hear tuberculosis—an old subject, but ever new—discussed.

The ravages of this disease are so widely extended, it is responsible for so many broken homes, so many orphans and so much misery and suffering, that it always makes a special appeal to members of our profession who are devoting their lives to the healing of the sick and the prevention of disease. With tuberculosis decreasing, it still takes its annual toll in Ohio of more than 6,500 deaths, while many more thousands are incapacitated for years before giving up their lives.

The general practitioner is in many ways the most important factor in the battle against tuberculosis. Most of the cases come to him first, and indeed most of them remain under his care until victory is won or lost. On his knowledge of the disease, especially its early recognition, will the result to the individual most often depend. On what he knows and on what he advises as regards precautionary measures in the home of his patient, will depend the lives of many others who might be protected against infection.

The reason why early tuberculosis is so frequently not recognized is because of the ignorance, cowardice or carelessness of the patient, or of the carelessness or lack of knowledge on the part of the physician. Cowardice may also influence the physician in reaching a diagnosis, or, more often, in imparting this information to the patient.

The chances for the patient to recover, however, are equally jeopardized whether the physician fails to recognize the nature of his complaint or fails to inform him that he has tuberculosis.

While tuberculosis may declare its presence suddenly, usually there is a considerable period, often years, during which, continuously or more frequently at intervals, symptoms highly suggestive of the disease are manifested. Here is where the ignorance of the patient may defeat an early diagnosis. He may continue his occupation, feel fairly well except at intervals, and does not suspect what is the matter with him.

In instructing the public in regard to tuberculosis we have perhaps placed too much stress on prevention of infection and entirely too little on the early symptoms of tuberculosis and the great importance of consulting a physician without delay. Cowardice and not ignorance is often the reason why a patient

fails to seek medical advice. This unreasoning attitude of the lay mind is hard to combat. The patient himself may be afraid we shall tell him what he already suspects. Or a mother with the greatest anxiety may watch a son or daughter decline, and delay weeks and often months before consulting a physician for fear the dreaded word, tuberculosis, will be pronounced.

Let us now frankly consider where the physician is to blame for so many cases of tuberculosis reaching a moderately advanced or even advanced stage before being recognized. In my observation it is not so much ignorance as carelessness (under that I include hasty examination) that is oftenest responsible for this.

Early cases of tuberculosis, except the rarer acute forms, are nearly all office cases. How much time can a practitioner devote to an office examination, and especially for the usual office fee? Those who specialize in chest work require from an hour to an hour and a half for a thorough examination, including a proper history of the case, which is extremely important. In many cases a second or third visit is required, and possibly re-examination.

As a diagnosis of tuberculosis may often mean the uprooting of a man in all his family and business relations, and a mistake may even mean the difference between life and death, the physician is certainly warranted in using all the time necessary and every possible aid to determine whether his patient has tuberculosis or not.

Here is where the public needs to be educated. Let the family physician explain to the patient and his family the usual serious consequences of late recognition of tuberculosis. Tell him the difficulties of recognizing the disease in its early stages and the time required for a thorough examination. And last, but not least, let him make a charge commensurate with the time and service given. People are more apt to follow advice for which they pay well.

If this were done, and in the interest of the patient it ought always to be done, the charge of carelessness against the general practitioner would be removed. If he fully realizes his responsibility, and with all this care is unable to be reasonably sure that his patient has tuberculosis, he should ask for consultation.

That physicians are frequently almost criminal in their neglect to properly examine patients with tuberculosis is shown by an investigation by Doctors Dearholt and Cheadle, of Milwaukee, who presented a report of their investigation to the State Medical Society of Wisconsin a few years ago. Permit

me to briefly present some of their findings, for what was found in Wisconsin would doubtless be found in other States.

Two hundred patients with known tuberculosis, who had consulted 451 different physicians, were carefully questioned as regards their symptoms, and the measures taken by the physician to reach a diagnosis. "In 14.2 per cent. of all the consultations no physical examination was made; in 72.7 per cent. no temperature record taken; in 52.5 per cent. no sputum examination was made." In 142 instances in which the physician gave the patient his diagnosis, the trouble was located somewhere outside the chest.

This is most suggestive, for the majority of these patients were suffering from advanced tuberculosis. If such a percentage of errors is made in the recognition of cases of this class, what may be expected when cases properly called early present themselves for examination?

I am sure all candid men who are specially working in tuberculosis will admit that not infrequently it is extremely difficult and at times impossible to recognize a beginning tuberculosis. The better the man the more freely he will admit this. It is not surprising, then, that men who cover the whole fields of medicine, and who see comparatively few cases of tuberculosis, should more often be in error.

Here I should make a plea for a special chair on tuberculosis in our medical colleges. There is abundant clinical material and opportunity in all our large cities for thoroughly grounding students in the diagnosis of tuberculosis if a sufficient number of hours were allowed for that purpose. Furthermore, as the medical profession has taken a lead in the world's campaign against tuberculosis, this chair should also instruct every would-be-physician in all the measures of prevention that have been devised to conquer this great scourge. There are only a few medical colleges in this country that give any special instruction in this disease.

The refinements of this work may be likened to the duties of the criminal judge who is seeking the truth from purely circumstantial evidence. All the ascertainable facts must be examined and the proper weight given to what the different witnesses bring out. These facts must be examined and placed in their proper relationship as regards their importance and the reliability of the witness, and from the whole a judgment reached and a verdict given.

Like in tuberculosis, this may mean life or death. And like the physician, the judge may make a mistake and convict an innocent person or set a guilty person free from lack of evidence. There is this difference, however, to hang an innocent person is justice gone irretrievably astray, while to diag-

nose tuberculosis when something else is the matter has done no great or lasting harm.

Careful history taking, in my judgment, is more important in unmasking incipient tuberculosis than physical examination. When combined with a five to seven days' record of temperature and pulse taken at two hour intervals, we may often be reasonably certain of tuberculosis, even where the physical examination is negative.

I do not underestimate the great aid given us by careful physical examination, especially by one thoroughly trained in this art. Without it we must often be in doubt. But I would urge the busy general practitioner to place more stress upon the varied symptoms of early tuberculosis. These are usually present, or have previously been present, but often may only be elicited by careful, intelligent questioning.

Hemorrhage is very important. It may have occurred years before the patient consulted you. If we can be sure it was pulmonary, and if it came suddenly without previous symptoms, tuberculosis was in all probability its cause.

Not infrequently there is a history of pleurisy months or years before. If it was really a pleurisy and not simply a pain in the chest, and if the patient now has symptoms usually found in tuberculosis, we may be reasonably sure that that is the trouble, regardless of physical findings.

There may be a history of pneumonia which hung on for months, and the patient may admit that he has not felt quite well since, and possibly that he suffers from protracted colds during the winter months.

A good many tuberculosis patients are treated for months, in the begnning, for stomach trouble. A patient with tuberculosis may complain most of nervous symptoms and be treated for neurasthenia. But no matter what may be the predominant symptoms, a carefully taken, complete history, with prolonged temperature and pulse records, will usually lead to a suspicion of tuberculosis if it be present. Physical and X-ray examination, with a further study of the case, should, in the great majority of instances, enable one to reach a correct diagnosis.

A word may be said here about the X-ray and sputum examinations. I do not believe tuberculosis can absolutely be diagnosed by X-ray examination. Our very best X-ray men are not now claiming this. It is undoubtedly a great help, and where accessible should always be used for diagnostic purposes unless we have positive sputum. Even then it is most helpful in determining the extent of the lung trouble.

I suppose, as a matter of fact, there is only one absolutely sure symptom, or rather finding, for tuberculosis; that is the

presence of the tubercle bacillus in the sputum. A still far-too-often mistake is to exclude tubeculosis because the bacillus is not found. It is usually only found late in the disease, and in many cases is never found.

I shall have nothing to say about facts to be elicited by physical examination. Text-books teach it, but only long experience and daily practice make it of first importance in recognizing early tuberculosis. Neither shall I mention the various tuberculin tests except to say that, excluding babies and very young children, they cannot be relied upon alone, and are often misleading.

For young children, the Von Pirquet tuberculin test is of great value. I had the privilege of working under Dr. V. Pirquet in the Children's Hospital in Vienna, and in following many cases to autopsy. In practically every case that gave a positive skin test active tuberculosis was found.

At the tuberculosis dispensary, when we find a case of tuberculosis in a family we bring the children there for this test.

I venture to present a scheme of things that could and should be noted and weighed when examining a patient who may have tuberculosis, as a means of reaching a correct diagnosis.

1. Heredity, including opportunity for infection, especially in childhood. Always include grandparents; they quite frequently infect grandchildren.
2. Occupation. Many favor the development of tuberculosis.
3. Previous disease, which may have been tuberculosis. while others favor its development.
4. Common symptoms: Loss of strength, weight and appetite; weak or husky voice; slight cough (often stated by patients to be merely "clearing the throat"); menstrual derangements; chest pains; dyspnea on exertion; nervousness; chills or night sweats not common early); accelerated pulse with slight rise in temperature, usually in the afternoon, and subnormal temperature in the morning. At time, subnormal temperature throughout the day.

Don't dismiss the possibility of tuberculosis because the patients looks well, or has not lost weight. I had one undoubted case I could not weigh at my office because he always weighed more than the limit of my scales—250 pounds.

When tuberculosis infection is becoming active, i. e., when the clinical tuberculosis is present, we are sure to have some and usually many of these symptoms present. These facts should all be recorded and the patient given or directed to purchase a reliable thermameter and taught how to properly take his temperature; also to count the pulse. For four or five days (a longer time is better) at two hour intervals, if

possible, temperature and pulse should be taken and recorded.

A word here about thermometers. Many, especially the cheaper grades, are very unreliable. There is deception in the one minute thermometer used in the mouth. It is more a question of keeping the buccal cavity closed long enough to reach the maximum temperature. I use five minutes. In early tuberculosis we look for only slight elevations of temperature. It is well to remember that children normally have higher temperature than adults.

There should be, of course, a careful physical examination of the lungs, with a record of anything abnormal, and a sputum examination, repeated several times if negative. A careful scrutiny of all these facts will usually enable one to say: "This man has or has not tuberculosis."

My excuse for bringing a threadbare subject before you is 6,000 or more annual deaths in Ohio, many if not all of them because of needless delay or error in dagnosis. The chances for recovery in tuberculosis, if the disease is recognized sufficiently early and the proper advice given, are highly favorable; whereas cases that are permitted to slowly progress for months, often years, because they are not recognized, end in the great majority of cases in premature death. The medical profession must recognize its great responsibility to this large class of sufferers. The too common experience of finding far advanced cases of tuberculosis, hopelessly ill and a menace to society because still ignorant of their disease, in spite of repeated medical consultations, should no longer be possible. The public should, and soon may, demand that the physician who fails to recognize tuberculosis because of inexcusable ignorance or carelessness, must be eliminated.

PULMONARY TUBERCULOSIS AS IT CONCERNS THE GENERAL PRACTITIONER

James Byron Van Horn, M.D., Mayer, Ariz.

When you pass the subject as a matter upon which you have been long since tired with reading, and about which probably too much has been written, you are, no doubt, to a certain point justified. However, if I can in a feeble way be of any help to that portion of our readers who, we regret to say, still make errors, I shall feel I have accomplished much good.

With ten years' first-hand observation of the work of physicians of all schools, both in large Government as well as in private sanatoria, and contact with those whose specialty is the diagnosis and treatment of pumonary tuberculosis, I shall only try to touch upon a few salient points of a tremendous subject, still too little understood, but, we are glad to say, gradually coming to light.

Consider, doctor, that if you are a general practitioner, more patients will come to you with this disease than any other. Are you prepared to advise them honestly in any case? Do you send them to a chest man, who in turn returns a statement of type and involvement with a Roentgenograph, and, finding you have a positive case, simply as routine prescribe a good "tonic", something for cough, advise forced feeding with "plenty of milk and eggs", staying in the fresh air, and to report to you in a week or so? If you are one of these, you are doing many poor victims a gross injustice, and probably justify your own mind by concluding that "they will get along just as well that way as any, for most of them will die with any form of treatment, and just about as quickly." You are entirely wrong. The fact is, that any case coming to you should be individually studied, a correct picture of that particular case formed in your mind, and the correct advice and treatment applied to just that one case. If you do this, only a very few of your cases will result other than as "apparently arrested" or "apparently cured." You will always lose those who come to you "hopeless"; but the number of these is infinitesimal, and comprises that small portion which a layman can diagnose by inspection. Our duty is more to render proper service to the great army of victims not yet to this advanced stage, and by so doing prevent them from ever reaching it. And right there you approach problems requiring tact, an unusual degree of professional skill, and all manner of condemnation.

The fact that of all serious ailments pulmonary tuberculosis is the most comfortable to have, being practically painless if uncomplicated, makes it difficult to convince the patient that he could have it and not suffer more. Unless he has that beautiful confidence we so seldom see, he will rush to a less qualified competitor who has the political sense at least to see that he (the patient) desires to be told that you were mistaken, that he only has a "severe bronchitis", or is "just run down", or any of the various "nice" complaints, removes the tonsils, and sends him away for a rest. He comes back greatly improved, lauding the competitor to the skies, and you, who was right all the time, come in for condemnation!

As a rule I never tell patients they have tuberculosis until I see them several times, and at each visit explain the reasons why tuberculosis should not be dreaded, that it is so easily arrested, causes so little discomfort or inconvenience, and have them psychologically prepared to be glad they haven't something "terrible" wrong with them, before informing them. To bluntly inform them as soon as discovered is to invite disaster. Imagine yourself consulting a physician in whom you had

implicit confidence, and that you had only the meagre knowledge of the disease that the average layman has; is it difficult to visualize yourself brooding for a time, possibly deciding finally to adopt some rapid means of "ending it all"? It is, therefore, very essential from the humane as well as commercial standpoint to retain your patient, to have him see a specialist, with your advice and consent if he so desires, and to have him mentally already under successful treatment before the exact nature of his disease is definitely explained to him. Then to the meat of the nut—treatment.

Having made a complete clinical picture of your case, the thing he is most interested in is recovery. You, as physician, have additional interests; your services to him should be valuable to him and compensated for according to their value and his ability to pay. Now, to begin with, you may want to make a "showing," perhaps begin by putting him on the tuberculin treatment. Here the author comes across the ideas of many good clinicians, perhaps you among them. I am unqualifiedly opposed to the use of tuberculin as treatment, having nearly lost my life from the injection of .5 mg. at a single dose, in the hands of one certainly not qualified except by "official position" to use it, and saw many instances about me wherein soldiers not so fortunate as to recover to any degree from the ill effects of the same mistreatment and who promptly died! But, you say, no one ever thinks of such tremendous doses! Where is the danger line? I say the point of safety is below the point of any reaction, and if used in these infinitesimal amounts is more for the psychological effect and the attendant revenue than any other questionable benefit. Until more is proven and we are better qualified to us it, I leave th use of such a dangerous preparation from my armamentarium.

I place first and most important in treatment, rest—in whatever amount is required in each separate case—and each case is a rule by itself. As a general principle, I might say, you can consider all cases having recently become active with the daily temperature, fine rales, pneumonic consolidation in any amount as "absolute rest in bed" cases. With the disappearance of these, the rest can be lessened as improvement continues. And in this connection we must keep in mind that coughing is pretty strenuous work. Therefore, don't feel that your patient is resting if he is coughing much. Control the cough by your preferred remedies, even to the use of opiates such as in elix. terpin hydrate and codeine or heroin comp. etc., but by some means control it. Your other remedies always used, of course, as indicated.

Second in importance I place diet. I have been fortunate

enough to witness many autopsies wherein we found the result of long continued suffering. The various viscera degenerated to the point of causing death, and the lungs practically healed! Therein proving to us the reasonableness of only feeding the quantity capable of perfect digestion, be it ever so little, and thereby preventing a blood stream, already vitiated by the products of the destruction of tuberculosis, from carrying an additional load in the toxins resulting from indigestion and mal-assimilation. Why expect repair in a sick man from a flood that would cause a well man to get sick? My aim is to keep on the safe side by restricting feeding to the quantity only that can be wholly and perfectly digested.

Next in importance I consider climate. A great deal of good may be done in selected cases by taking advantage of a favorable climate. You ask, What is a favorable climate? Have any two agreed upon the subject? Practically all agree to the extent that there is no perfect climate; and all will agree that the best obtainable is one with the minimum humidity and the least subject to extreme heat and cold. Altitude has a bearing only in that with elevation the amount of work and exercise must be reduced in direct ratio with elevation. At 4,000 feet, as a rule, any case may be expected to do well and still perform considerable labor as activity disappears. But like in all other phases of the treatment, many errors are still made in the matter of recommendations as to change of climate. I can not too strongly condemn the practice of advising a palpably hopeless and rapidly progressing case to leave home and congenial surroundings, to be sent among disinterested strangers to expect benefit where none can reasonably be expected to ensue. If changing climate means the necessity of enduring hardship, it is probably inadvisable. And again, change of climate is not a panacea; we get many cases who are told they can come out West, get a job on a ranch punching cattle or anything like that, eat all the good, rich food they can, with lots of milk and eggs, and "that air out there will soon fix you up." Naturally you have raised false hopes, and your patient in nine cases out of ten is doomed if he follows your advice. He will see the folly of such procedure soon, and lose confidence in you when made worse thereby.

Bear in mind, then, that if properly treated, many of your cases will recover rapidly right at home. Many others will not recover at home nor away. Of those that will recover under favorable conditions, some may be turned from failures to successes, and all who are to recover at home may expect to do so more quickly and easily in a favorable climate.

The treatment is the same for any case in any locality; the locality may be expected only to determine the failure or success of the treatment. The choice of locality may require much study as to the mental adaptability, financial condition and clinical possibilities in any given case. Fit your cases as well as you can into proper surroundings. Don't send a well-to-do patient to a municipal camp-ground, nor a fifteen-a-week clerk to a de luxe hotel. Either will be confronted with conditions inacceptable.

Concerning the value of medicines in the treatment, I wish only to mention again the value of control of cough, the use of indicated remedies as you see the place for administration and the mention of one preparation suggested for your consideration. The latter being hemostatic serum, from which I have had good results in hemorrhage and where we formerly used morphine. Also mention that it is very rarely I prescribe anything for the stomach or to relieve any form of indigestion. I have found the best and usually successful means of correcting these to be a further reduction in the quantity or variety of food.

To sum up, then, first make a careful study of each case by all diagnostic facilities at your command, and get a clear clinical picture. Second, render such treatment as may be expected to benefit and not harm him, to the extent of his individual possibilities only, whether this consists of admission to your local or county hospital, or a distant sanatorium commensurate with his means.

NEWS ITEMS

Dr. H. Ford Scudder, Los Angeles, has bought a new home and moved to 1220 Fedora Street.

Dr. H. T. Cox, Los Angeles, has returned from post-graduate study in the East and has purchased a new home at 5681 Baltimore Street. He has opened an office at 5684 York Boulevard.

Dr. T. C. Young, Glendale, was called East last month because of the death of his father.

Born—Dr. and Mrs. Luccock of Glendale are receiving congratulations over the birth of a daughter recently. Mrs. Luccock will be remembered as Dr. Alfonette Goff, a graduate of the C. E. M. C.

Dr. W. E. Daniells, Long Beach, left recently for a tour of the Orient and has promised to write an occasional article for the Journal.

Dr. H. V. Brown, Los Angeles, has moved his office to 118 West Wilson Avenue, Glendale. Dr. Brown has had his home in Glendale for several years.

VOL. XLII NO. 1

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

JANUARY, 1921

O. C. WELBOURN, A. M., M. D., Editor
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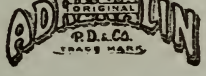

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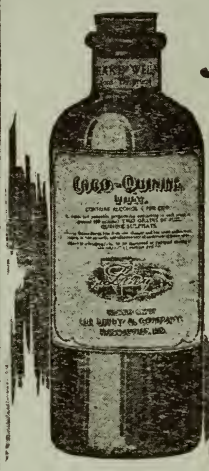

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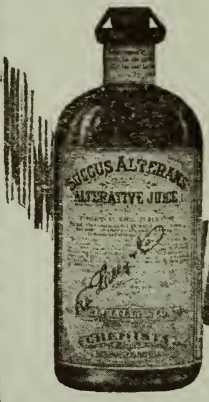

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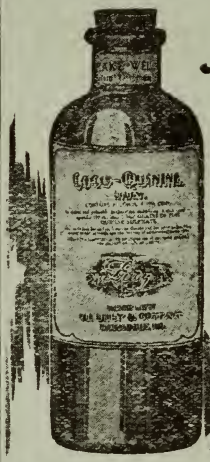

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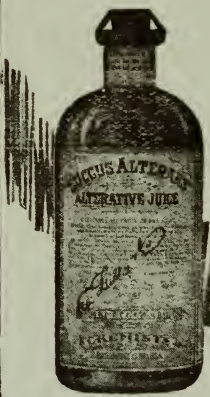

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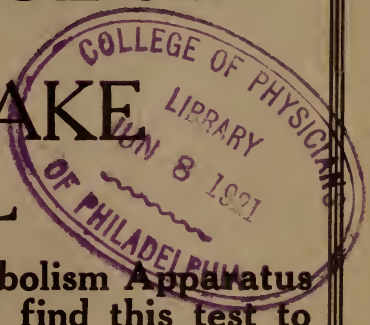

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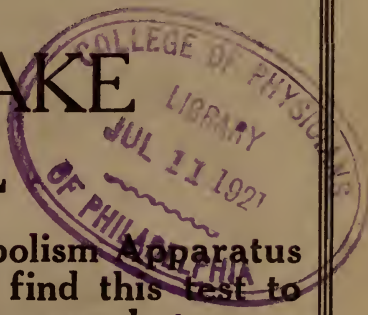

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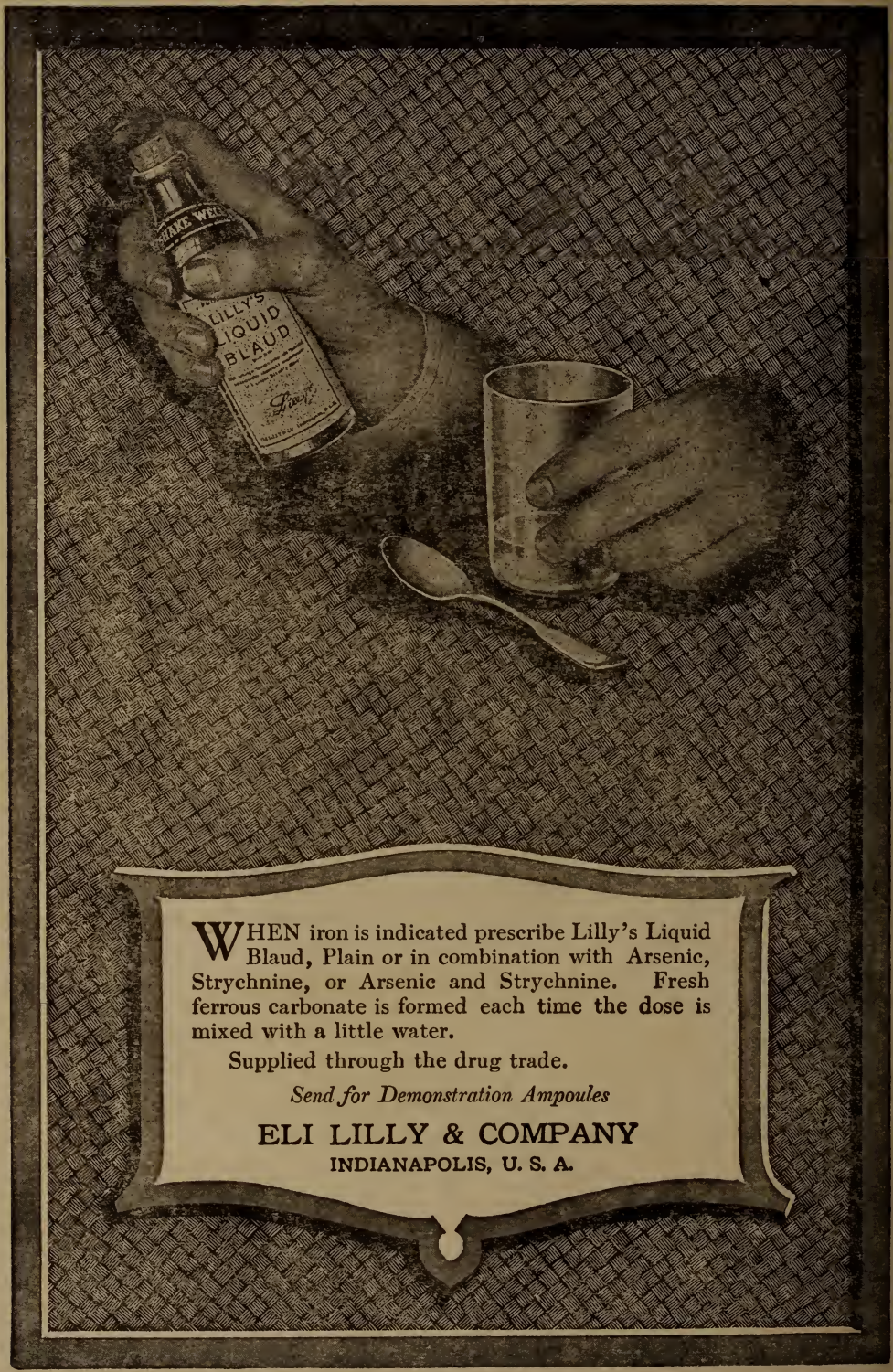

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AUGUST, 1921

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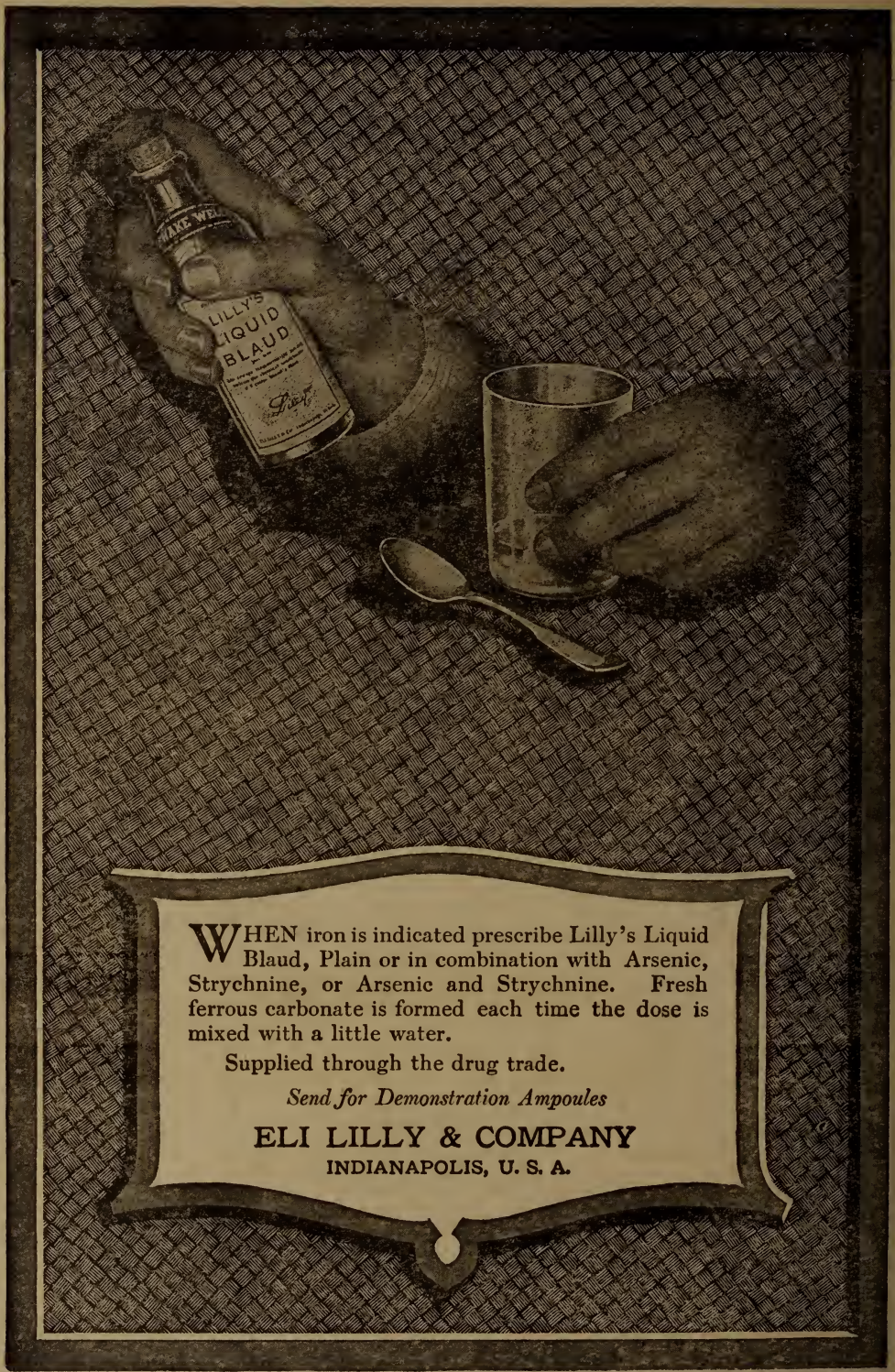

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ISSUED MONTHLY

SEPTEMBER, 1921

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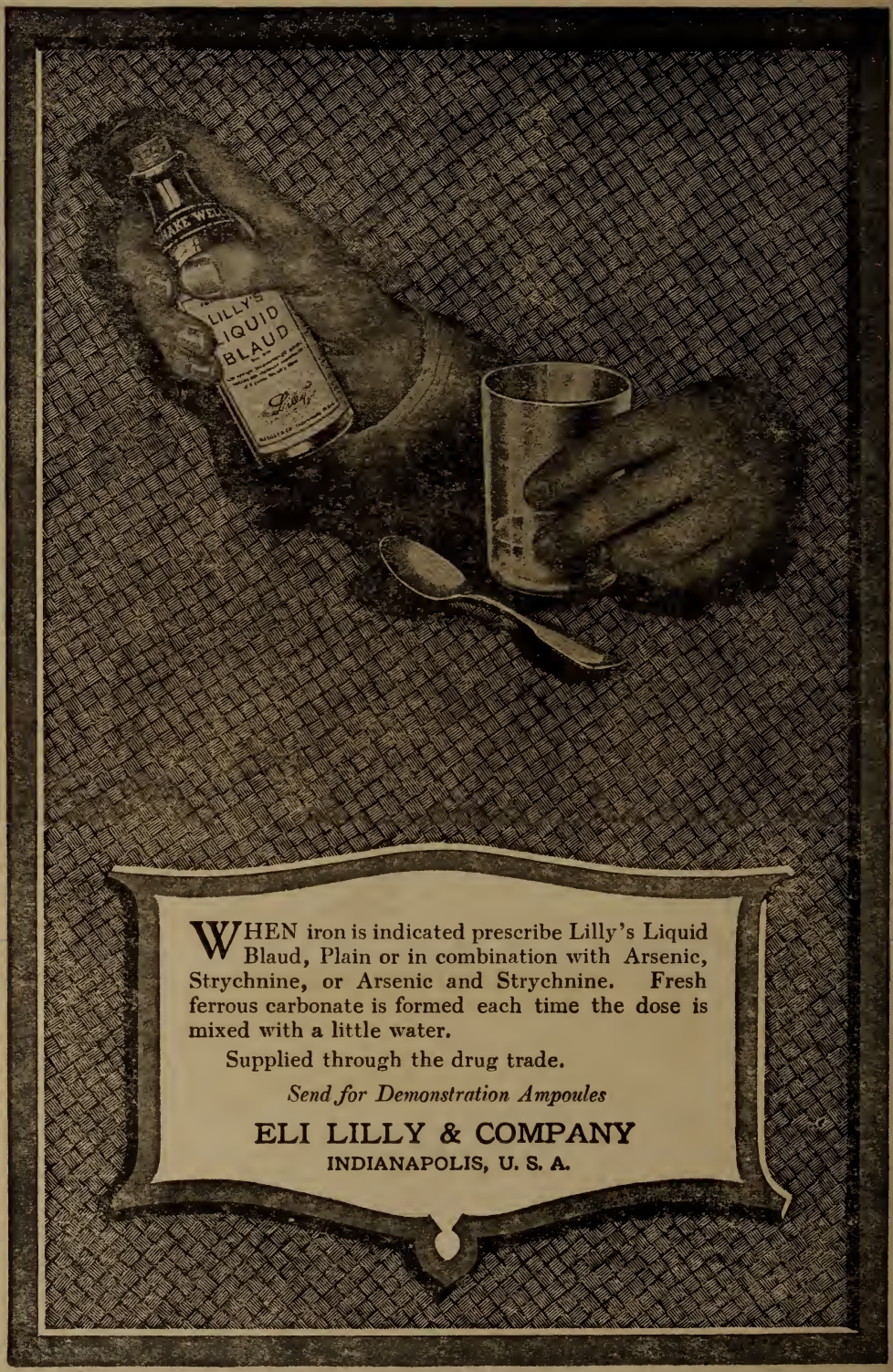

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OCTOBER, 1921

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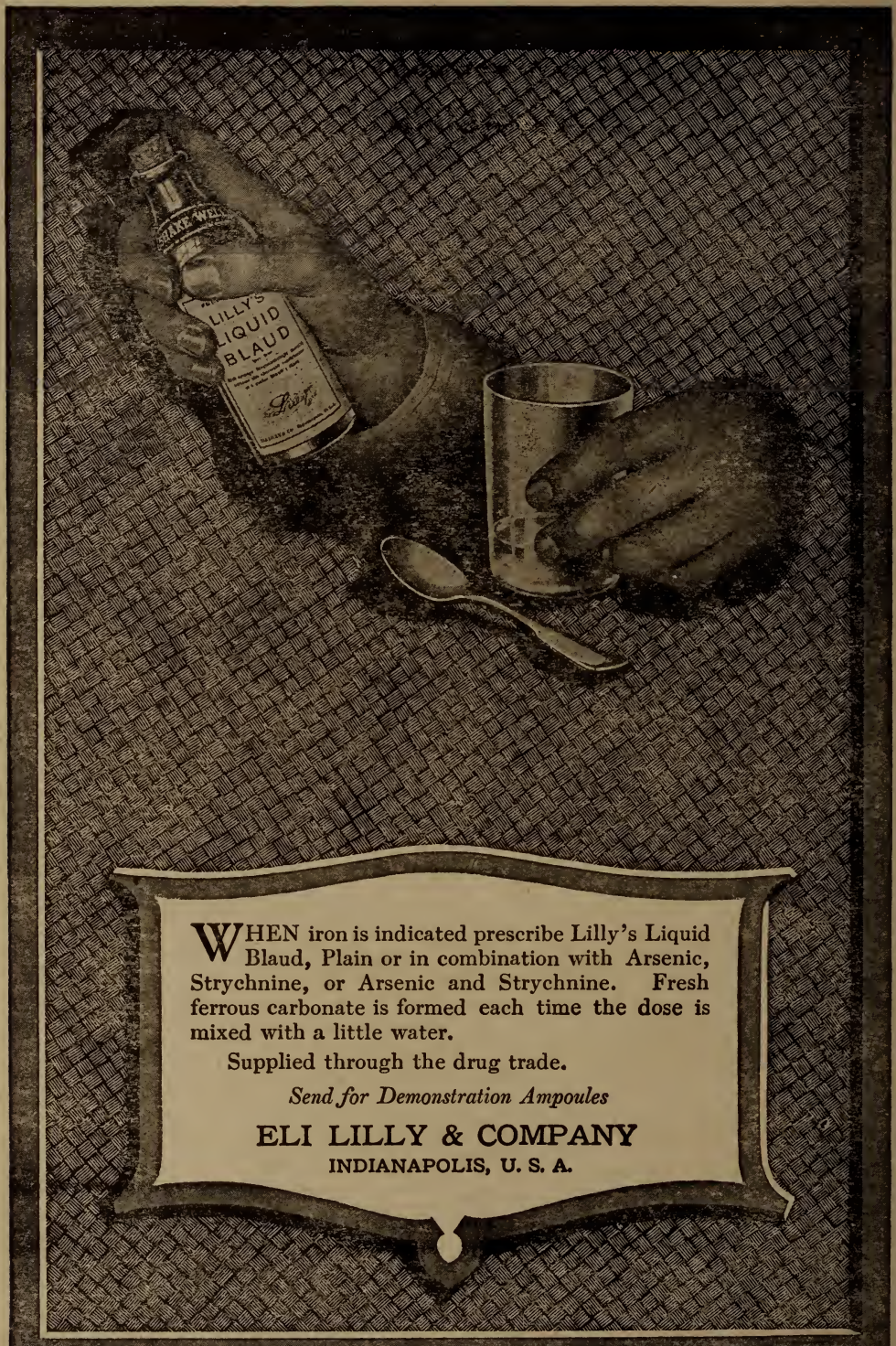

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ISSUED MONTHLY

NOVEMBER, 1921

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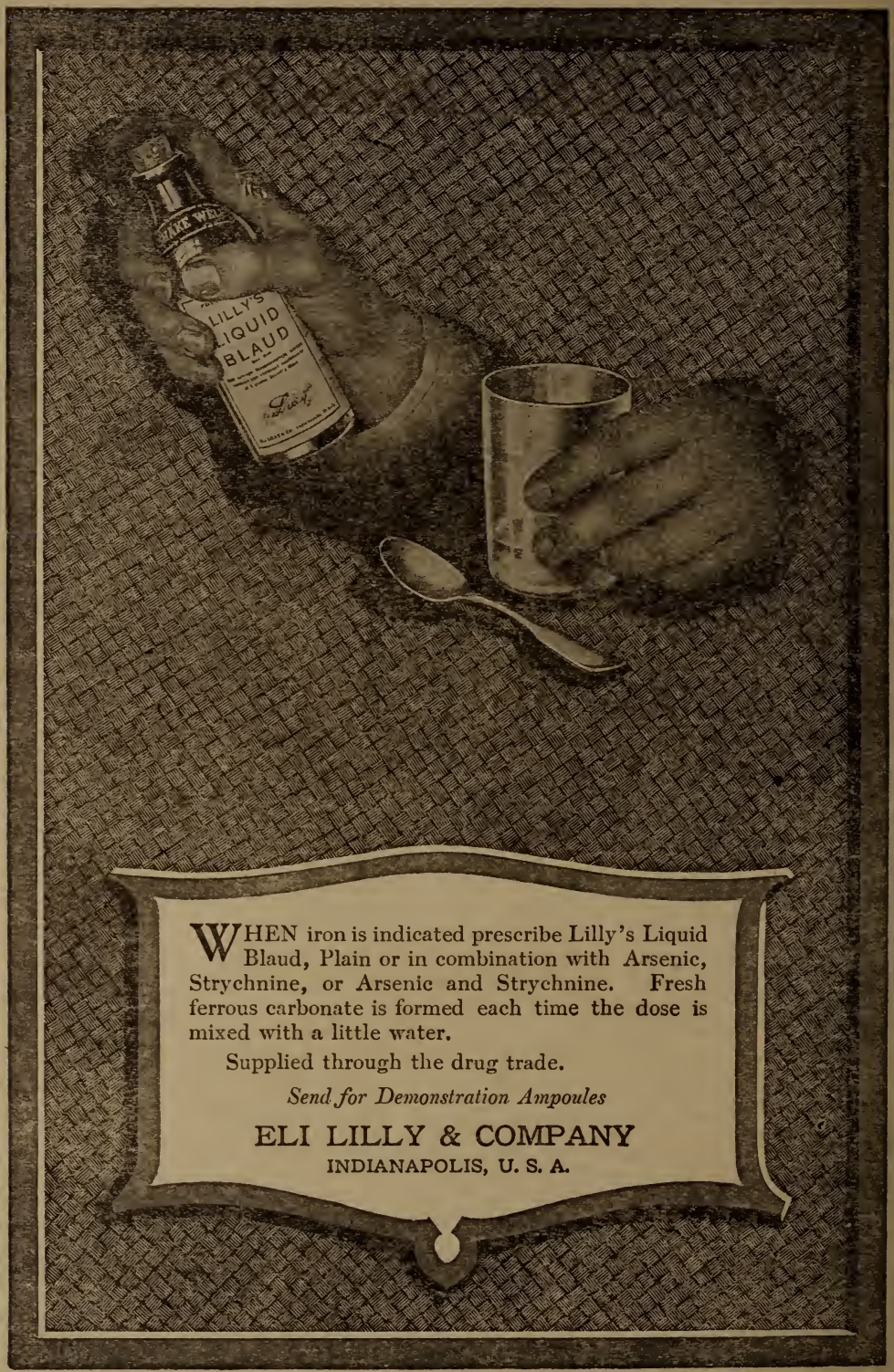

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ISSUED MONTHLY

DECEMBER, 1921

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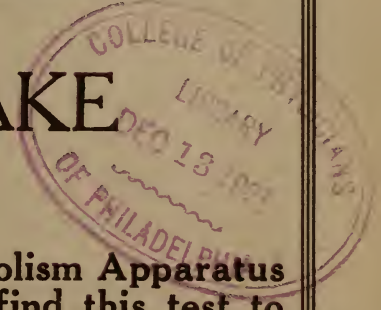

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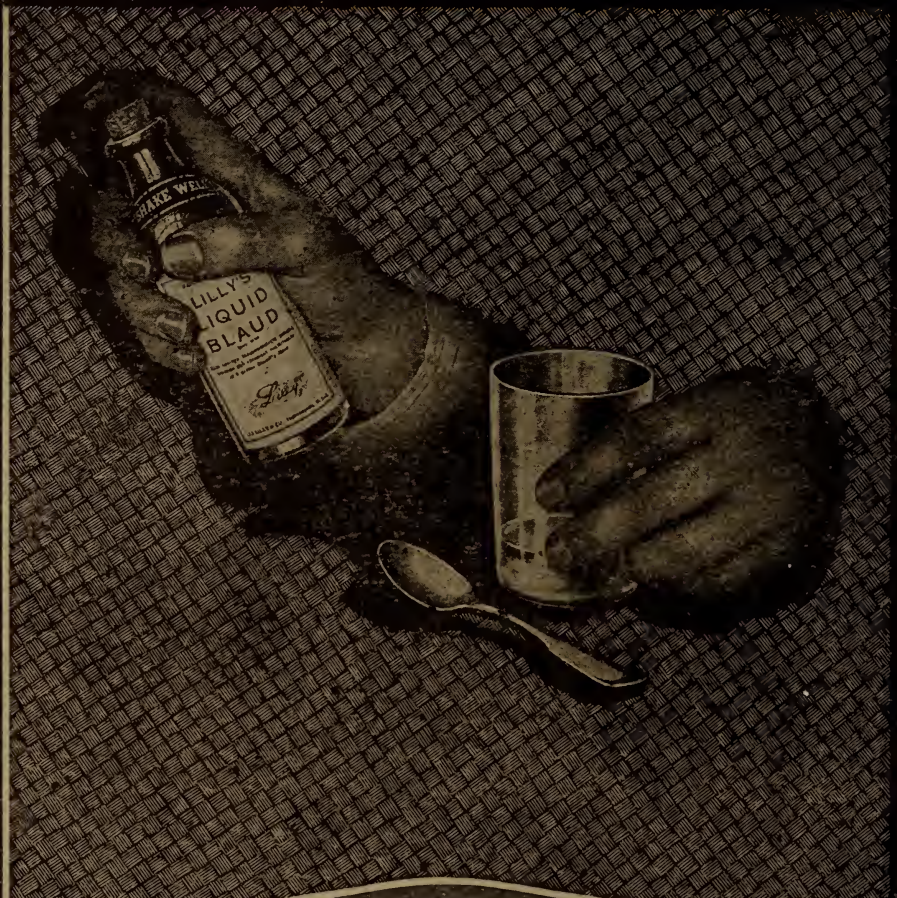

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